

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 11, 2003 8:00 am**  
**Secretary of State**

03-11-2003 90022 018 \*\*\*\*50.00

**DOCUMENT # L02000006533**

1. Entity Name  
**INDIGO, LLC**



Principal Place of Business  
**226 SOUTH PALAFOX STREET  
9TH FLOOR SEVILLE TOWER  
PENSACOLA FL 32598**

Mailing Address  
**226 SOUTH PALAFOX STREET  
9TH FLOOR SEVILLE TOWER  
PENSACOLA FL 32598**

**30041233**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**18300 SCENIC HWY 98  
SUITE 13  
POINT CLEAR, AL**

3. Mailing Address

**P.O. BOX 230  
SUITE 13  
POINT CLEAR, AL**

City & State

**POINT CLEAR, AL  
36564 BALDWIN**

City & State

**POINT CLEAR, AL  
36564 BALDWIN**

4. FEI Number

**41-3034644**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SHELL, STEPHEN B  
226 SOUTH PALAFOX STREET  
9TH FLOOR SEVILLE TOWER  
PENSACOLA FL 32598**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
**MGRM  
HERD (PBC), LLC  
18300 SCENIC HWY 98, SUITE B  
POINT CLEAR, AL 36564**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
**MGRM  
YATES, L.L.C.  
781 LARSON ST.  
JACKSON, MS 39202**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**251-928-3930**

CR2E083 (10/02)