


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90062 009 \*\*\*138.75

DOCUMENT # L02000006900					
1. Entity Name <b>INDY STREET, LLC</b>					
Principal Place of Business <b>544 NORTH 9TH STREET DEFUNIAK SPRINGS, FL 32433</b>			Mailing Address <b>PO BOX 54 DEFUNIAK SPRINGS, FL 32435</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>P O Box 56</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>ARGYLE, FL</b>		4. FEI Number <b>20-4692344</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip <b>32422</b>		Country		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>WILLIAMSON, GLEN 4 ENGLEBRECHT RD DEFUNIAK SPRINGS, FL 32433</b>			7. Name and Address of New Registered Agent Name <b>CONNIE R. TAYLOR</b> Street Address (P.O. Box Number is Not Acceptable) <b>544 N 9th St</b> City <b>DE FUNIAK SPRINGS FL</b> Zip Code <b>32433</b>		
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 <u><i>Connie R. Taylor</i></u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing.)</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WILLIAMSON, GLEN 4 ENGLEBRECHT RD DEFUNIAK SPRINGS, FL 32433	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CONNIE R. TAYLOR P O Box 56 ARGYLE, FL 32422	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Connie R. Taylor</i></u>			Date <u><i>1/24/08</i></u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Daytime Phone #</small>		