

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

4/21/

**FILED**  
**May 20, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90111 025 \*\*\*\*55.00

**DOCUMENT # L02000024023**

1. Entity Name  
**INDECO, LLC**



Principal Place of Business  
12800 U.S. #1. #200  
JUNO BEACH FL 33408

Mailing Address  
12800 U.S. #1. #200  
JUNO BEACH FL 33408

**44002009**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**56-2355314**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☒

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**NORRIS, DAVID B**  
**712 U.S. HIGHWAY ONE, SUITE 400**  
**NORTH PALM BEACH FL 33408**

7. Name and Address of New Registered Agent

Name **John H. Bourassa, Principal**  
Street Address (P.O. Box Number is Not Acceptable)  
**12800 U.S. Highway One**  
**Suite 200**  
City **Juno Beach** **FL** Zip Code **33408**

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

*John H. Bourassa*  
Signature, typed or printed name of registered agent and title if applicable

**John H. Bourassa**

(NOTE: Registered Agent signature required when re-registering)

**4/15/2003**  
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 | <input type="checkbox"/> Delete |
|-------|------|----------------|-------------|---------------------------------|
|       |      |                |             |                                 |
|       |      |                |             |                                 |
|       |      |                |             |                                 |
|       |      |                |             |                                 |
|       |      |                |             |                                 |
|       |      |                |             |                                 |
|       |      |                |             |                                 |

10. ADDITIONS/CHANGES

| TITLE           | NAME                    | STREET ADDRESS                    | CITY-ST-ZIP                 | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
|-----------------|-------------------------|-----------------------------------|-----------------------------|---------------------------------|--|
| Managing Member | Indeco, Inc.            | 12800 U.S. Highway One, Suite 200 | Juno Beach, FL 33408        |                                 |  |
|                 | <b>PRINCIPAL</b>        |                                   |                             |                                 |  |
|                 | <b>John H. Bourassa</b> | <b>285 South Beach Road</b>       | <b>Hobe Sound, FL 33455</b> |                                 | <input checked="" type="checkbox"/>          |
|                 |                         |                                   |                             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
|                 |                         |                                   |                             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
|                 |                         |                                   |                             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
|                 |                         |                                   |                             | <input type="checkbox"/> Change | <input type="checkbox"/> 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

*John H. Bourassa*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**John H. Bourassa**

**4/15/2003**

**(561) 625-5325**

Date

Daytime Phone #

CR2E083 (10/02)