

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-04-2004 90072 024 ****50.00

DOCUMENT # L03000004947

1. Entity Name
INDIGO MANAGEMENT, LLC



Principal Place of Business
**18300 SCENIC HIGHWAY 98
POINT CLEAR PLACE, SUITE B
POINT CLEAR, AL 36564 US**

Mailing Address
**18300 SCENIC HIGHWAY 98
POINT CLEAR PLACE, SUITE B
POINT CLEAR, AL 36564 US**

34001939



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01152004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

Applied For

Zip

Country

Zip

Country

33-1059556

Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHELL, STEPHEN B
226 PALAFOX PLACE
NINTH FLOOR, SEVILLE TOWER
PENSACOLA, FL 32501**

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

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete

TITLE ☐ Change ☒ Addition

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

**David Head, Sr.
manager**

**18300 Scenic Highway 98
Point Clear Place, Suite B
Point Clear, AL 36564**

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

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NAME

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STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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 #