

203000004947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

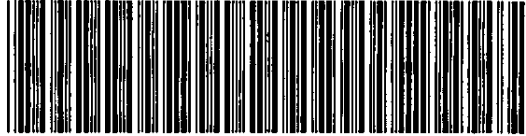
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200278602282

10/30/15--01028--006 \*\*25.00

FILED  
15 NOV -2 AM 11:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Indigo Management, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for  
filing. Please return all correspondence concerning this matter to  
the following:

**Special Administrator**  
David P. Shepherd, ~~Personal Representative~~ of Estate of David Head, Sr., Deceased

\_\_\_\_\_  
(Name of Person)

Indigo Management, LLC  
(Firm/Company)

P.O. Box 454  
(Address)

Fairhope, AL 36533

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

David P. Shepherd at (251) 928-4400  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &  
Certified Copy (additional copy is enclosed)

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center  
Circle Tallahassee, FL  
32301

October 29, 2015

Registration Section

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

RE: Dissolve Indigo Management LLC

**Document number: L03000004947**

**TO WHOM IT MAY CONCERN:**

Please see the attached dissolution for a Limited Liability Company and a check for \$25.00 made payable to Florida Department of State. Return all documents to the Post Office Box below.

If you have any questions, please contact me at the below numbers.

Sincerely,



Kimberly Stricklin

Admin for Indigo Management, LLC

251.942.9347

[knstricklin@spectrumrealtyal.com](mailto:knstricklin@spectrumrealtyal.com)

P.O Box 2922

Gulf Shores, AL 36547

**ARTICLES OF  
DISSOLUTION FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Indigo Management, LLC

2. The Articles of Organization were filed on **February 10, 2003** and assigned

Document number L03000004947

3. The delayed effective date the dissolution if not effective on the date of filing: date of filing  
(Effective date cannot be prior to or more than 90 days later than date document is received for filing)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Indigo Management, LLC is no longer doing business

5. If there are no members, enter the name and address of the person appointed to wind up

**SPECIAL Administrator**

the company's activities and affairs: David P. Shepherd, Personal Rep. of Estate of David Head, Sr., Deceased

P.O. Box 454

Fairhope, AL 36533

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

*David P. Shepherd*  
Signature

David P. Shepherd

Printed Name

*As Special Administrator*  
*of the Estate of David Head Sr., Deceased*

**FILING FEE: \$25.00**

FILED  
15 NOV - 2 AM 11:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA