

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 27, 2004 8:00 am
Secretary of State

05-03-2004 90152 008 ****50.00

DOCUMENT # L03000006896

1. Entity Name
INDIGO BLUE, LLC



Principal Place of Business
**1910 EDGEWATER 238 S. LINDS AVE
SARASOTA, FL 34234**
Sarasota, FL 34236

Mailing Address
**1910 EDGEWATER
SARASOTA, FL 34234**
same as principal

34007691



2. Principal Place of Business
1630 Ringling Blvd
Suite, Apt. #, etc.

3. Mailing Address
Same as principal
Suite, Apt. #, etc.

04192004 Chg-LLC CR2E083 (10/03)

City & State
Sarasota FL

City & State

4. FEI Number
01-3743612

Applied For
Not Applicable

Zip
34236

Country
Scrasota

Zip

Country

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

6. Name and Address of Current Registered Agent

**SUSALLA, KAREN
1910 EDGEWATER
SARASOTA, FL 34234**

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 _____ (NOTE: Registered Agent signature required when retitling) DATE _____

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

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. owner managing member ☐ Delete SUSALLA, KAREN 1910 EDGEWATER 238 S. LINDS SARASOTA, FL 34234 <i>Sarasota FL 34236</i>
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
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)(f), 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: *Karen Susalla* Date: *4-27-04* (941) 330-9200

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

JUST
MOVED