

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000011096

Entity Name: INDIGO YACHTING, LLC.

FILED  
Jan 27, 2009  
Secretary of State

**Current Principal Place of Business:**

740 CALATRAVA AVENUE  
CORAL GABLES, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

740 CALATRAVA AVENUE  
CORAL GABLES, FL 33143

**New Mailing Address:**

FEI Number: 52-2440512

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ESPINO, LUIS A ESQ.  
355 ALHAMBRA CIRCLE  
SUITE 801  
MIAMI, FL 33134 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SANCHEZ, ALEX  
Address: 740 CALATRAVA AVENUE  
City-St-Zip: CORAL GABLES, FL 33143

Title: MGRM ( ) Delete  
Name: GARCIA, GENARO R  
Address: 6401 SW 100 STREET  
City-St-Zip: PINECREST, FL 33156

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: SANCHEZ, MICHELLE R  
Address: 740 CALATRAVA AVE  
City-St-Zip: CORAL GABLES, FL 33143 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALEJANDRO SANCHEZ

MGRM

01/27/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date