

LOS000027871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

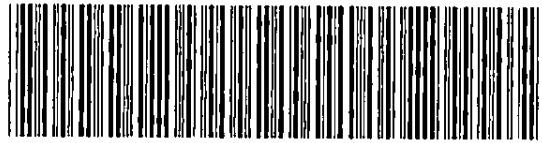
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

JUN 28

11 14

Office Use Only



200431209462

2024 JUN 28 PM 2:16
RECEIVED FOR STATUS
JUN 28 2024

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000027871

1. Limited Liability Company's Name
Indigo Developers LLC

2. Principal Office Address - No P.O. Box #

40 Calabria Ave #16

Suite, Apt. #, etc.

City & State

Coral Gables, FL

Zip

33134

Country

US

3. Mailing Office Address

40 Calabria Ave #16

Suite, Apt. #, etc.

City & State

Coral Gables, FL

Zip

33134

Country

US

CR2E041 (1/14)

4. State/Country of Formation

Florida/US

5. Date Organized or Qualified
To Do Business in Florida

03/21/2005

6. FEI Number

20-2577090

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

8. Name and Address of Current Registered Agent

Name

Julisse Jimenez, Esquire

Street Address (P.O. Box Number is Not Acceptable) Suite

20900 NE 30th Ave

Apt. #, Etc

Suite 800

City

Aventura

State
FL

Zip Code
33180

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	MR. AGENOR FERRIS	40 CALABRIA AVENUE	CORAL GABLES, FL 33134
MGR	VANESKA FERRIS	40 CALABRIA AVENUE	CORAL GABLES, FL 33134
MGR	VALESKA FERRIS	40 CALABRIA AVENUE #16	CORAL GABLES, FL 33134

11. E-mail Address: julisse@julissejimenez.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605 0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member Valeska Ferris

Date

Jun 28, 2024

Daytime Phone #

Typed or printed name of signing authorized representative/member Valeska Ferris