

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 14, 2008 08:00 AM
Secretary of State**

DOCUMENT # L06000046227

1. Entity Name
INDICOL, LLC



Principal Place of Business
**1665 SE LAKE LEGACY WAY
STUART, FL 34997**

Mailing Address
**1665 SE LAKE LEGACY WAY
STUART, FL 34997**



01102008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4872564

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NORMAN, KENNETH A
2400 S.E. FEDERAL HIGHWAY, FOURTH FLOOR
STUART, FL 34994**

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$138.75

- After May 1, 2008 Fee will be \$538.75 -

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
VAKANI, ARVIND K
1665 SE LAKE LEGACY WAY
STUART, FL 34997**

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U00000783628
01/16/08-80022-011 138.75

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

ARVIND VAKANI

1/10/08 672)885-4722