2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000098067

Entity Name: INDIVO, LLC

FILED Apr 28, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

20871 JOHNSON STREET SUITE 103

PEMBROKE PINES, FL 33029 US

Current Mailing Address: New Mailing Address:

20871 JOHNSON STREET SUITE 103

PEMBROKE PINES, FL 33029 US

FEI Number: 38-3743259 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SALZMAN, NEIL L 20871 JOHNSON STREET SUITE 103 PEMBROKE PINES, FL 33029 US

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

Electronic Signature of Registered Agent

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MANAGING MEMBERS/MANAGERS:

 Title:
 MGRM () Delete

 Name:
 ALEXIS, GINA

 Address:
 2049 S OCEAN DRIVE #404

City-St-Zip: HALLANDALE BEACH, FL 33009 US

Title: MGRM () Delete
Name: SALZMAN, NEIL L

Address: 2049 S OCEAN DRIVE #404
City-St-Zip: HALLANDALE BEACH, FL 33009 US

Title: MGRM (X) Delete

Name: MAYSLES, KRISTINA L Address: 6166 SW 191 AVE

City-St-Zip: PEMBROKE PINES, FL 33332 US

Title: MGRM (X) Delete Name: MAYSLES, COREY N

Address: 6166 SW 191 AVE
City-St-Zip: PEMBROKE PINES, FL 33332 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: THE ALEXIS GROUP CON, SULTANTS, INC.

Address: 2049 S OCEAN DRIVE, SUITE 404
City-St-Zip: HALLANDALE BEACH, FL 33009 US

Title: MGRM (X) Change () Addition

Name: INDIVO, INC.,

Address: 20871 JOHNSON STREET, SUITE 103 City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: () Change () Addition Name:

Title: () Change () Addition

City-St-Zip:

Address:

Address:

Name:

City-St-Zip:

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: NEIL SALZMAN MGR 04/28/2007