

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000008284

FILED  
Jul 04, 2008  
Secretary of State

**Entity Name:** INDIGO FARMS HERB AND PRODUCE CO., LLC

**Current Principal Place of Business:**

12129 W STATE RD 235  
ALACHUA, FL 32615

**New Principal Place of Business:**

**Current Mailing Address:**

12129 W STATE RD 235  
ALACHUA, FL 32615

**New Mailing Address:**

FEI Number: 20-8358370      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

EMBURY, JENNIFER E DVM  
12129 W STATE RD 235  
ALACHUA, FL 32615      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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: EMBURY, JENNIFER E DVM  
Address: 12129 W STATE RD 235  
City-St-Zip: ALACHUA, FL 32615

Title: MGRM ( ) Delete  
Name: JACOB, GEORGE MD  
Address: 12129 W STATE RD 235  
City-St-Zip: ALACHUA, FL 32615

**ADDITIONS/CHANGES:**

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: JENNIFER E. EMBURY, DVM

MGRM

07/04/2008

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