

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000008284

FILED  
Apr 21, 2009  
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:**

1317 SW 226TH ST.  
NEWBERRY, FL 32669

**Current Mailing Address:**

12129 W STATE RD 235  
ALACHUA, FL 32615

**New Mailing Address:**

1317 SW 226TH ST.  
NEWBERRY, FL 32669

**FEI Number:** 20-8358370

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

EMBURY, JENNIFER E DVM  
1317 SW 226TH ST.  
NEWBERRY, FL 32669 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:**

04/21/2009

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: MGRM (X) Change ( ) Addition  
Name: EMBURY, JENNIFER E DVM  
Address: 1317 SW 226TH ST.  
City-St-Zip: NEWBERRY, FL 32669

Title: MGRM (X) Change ( ) Addition  
Name: JACOB, GEORGE MD  
Address: 1317 SW 226TH ST.  
City-St-Zip: NEWBERRY, FL 32669

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

MGRM

04/21/2009

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