

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L08000002421

**FILED**  
**Apr 09, 2009**  
**Secretary of State****Entity Name:** INDIGO DISTRIBUTORS, LLC**Current Principal Place of Business:**5466 N.W. 49TH COURT  
COCONUT CREEK, FL 33073**New Principal Place of Business:****Current Mailing Address:**5466 N.W. 49TH COURT  
COCONUT CREEK, FL 33073**New Mailing Address:****FEI Number:** 26-4431050**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**SHIPLEY, MICHAEL J  
5466 N.W. 49TH COURT  
COCONUT CREEK, FL 33073 US**Name and Address of New Registered Agent:**

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:** SHIPLEY, MICHAEL J  
**Address:** 5466 N.W. 49TH COURT  
**City-St-Zip:** COCONUT CREEK, FL 33073**ADDITIONS/CHANGES:****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: MICHAEL J SHIPLEY

MGR

04/09/2009

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