

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000074606

**FILED**  
**Apr 08, 2012**  
**Secretary of State**

**Entity Name:** INDEMANDOPTIONS INTERNATIONAL, LLC

**Current Principal Place of Business:**

159 BROOKS ST SE  
UNIT 303  
FORT WALTON BEACH, FL 32548 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 224  
DESTIN, FL 32540 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

GALKA, LEOKADIA B  
159 BROOKS ST SE  
UNIT 303  
FORT WALTON BEACH, FL 32548 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: MGR  
Name: GALKA, LEOKADIA B  
Address: 159 BROOKS ST SE  
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: MGRM  
Name: GALKA, JOZEF  
Address: 159 BROOKS ST SE  
City-St-Zip: FORT WALTON BEACH, FL 32548 US

I hereby 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: LEOKADIA B. GALKA

MGR

04/08/2012

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