

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L99000003733**

1. Entity Name  
**IGO INTERNATIONAL GROUP ORGANIZATION LC**



Principal Place of Business

**NORTH EAST POINT  
VICTORIA, MAHE,**

Mailing Address

**1333 N DUVAL ST  
TALLAHASSEE, FL 32302**



04062006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applied

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DO NOT WRITE  
IN THIS SPACE**

**FLORIDA FILING & SEARCH SERVICES, INC.  
1333 N DUVAL ST  
TALLAHASSEE, FL 32302**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

000000518716  
05/02/06-80024-003 950.00

**DO NOT WRITE  
IN THIS SPACE**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	LESPERANCE, ANNE
STREET ADDRESS	NORTH EAST POINT
CITY-ST-ZIP	MAHE, SEYCHELLES.
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

*[Signature]*

*Janet M. Caruccio*

4-17-06

302-421-5750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #