2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900003733

1. Entity Name

IGO INTERNATIONAL GROUP ORGANIZATION LC



FILED

03 APR 17 PN 3: 44

SECHELARY OF STATE
TALLAHASSEE, FLORIDA

			300	WE THE		- ortindi	
Principal Plac	e of Business	Mailing Address	<u> </u>				
1333 N DUVAL ST		1333 N DUVAL ST					
TALLAHASSEE FL 32302		TALLAHASSEE FL 32302					
					1 (BEHEN) BIG (31) 10) 15 17 18 18 19 19 19 19 19 19	#	E 11168 U11 1981
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2. Principal Place of Business		3. Mailing Address			I IBBIADII DID ISIIS IBIAA OOLIA EDAN DOI	IS ed ah aribe inah b ed a)
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite Apt # oto				
Suite, Apr. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State	City & State		4. FEI Number NOT APPLICA	ARIE /	Applied For
V = =====		2., 2. 2.2.2			NOT AFFLIO	NULL	Not Applicable
Zip Country		Zip	Country		5. Certificate of Status Desired \$5.00 Additional		dditional
				-	5. Certificate of Status Desired Fee Required		
	6. Name and Address of Current	Registered Agent		•	7. Name and Address of New Regis	stered Agent	
C. ODIDA TIMBO A OFADOLI APPRINCES INO				Name			
FLORIDA FILING & SEARCH SERVICES, INC.			Street Address (P.O. Box Number is Not Acceptable)				
	3 N DUVAL ST		Street Address		1.5. Box Hamber is Not Accomptable)		
IAL	LAHASSEE FL 32302		. [
			City			Zip Co	
			City			FL Zip Co	
	named entity submits this statement for	or the purpose of changing its	registered office	or registere	d agent, or both, in the State of Florida	ı. I am familiar with	n, and accept
the obligat	ions of registered agent.						
SIGNATURE .		<u></u>	· · · · · · · · · · · · · · · · · · ·				
	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent sign	nature required w	when reinstating)	DATE	
		FILE NO	OW!!! FEE IS	\$50.00			
Make Check Payable to Fig				epartmen	t of State		
		Du	e By May 1, 20	03			
9.	MANAGING MEMBI	ERS/MANAGERS	10.		ADDITIONS/CH	ANGES	
TITLE	MGR	₩ Delete	TITLE	MGR		☐ Change	Addition
NAME	DEBRA CRACE AKATSA	₩S DOICH	NAME	Anne	Lesperance		/
STREET ADDRESS	ENGLISH RIVER VICTORIA		STREET ADDRESS	N-m2	in Fast Point		
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TITLE	MGR	Delete	TITLE		0	☐ Change	☐ Addition
NAME	RATH, NATALIE	F	NAME	1		_	ĺ
STREET ADDRESS	ANSE BOLLEAU		STREET ADDRESS	3	90001621	3649	_
CITY-ST-ZIP	MAHE SEYCHELLES		CITY-ST-ZIP		04/17/030106800	01 **1150.	. 00
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
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CITY-ST-ZIP	·		CITY-ST-ZIP				
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NAME			NAME				
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STREET ADDRESS			STREET ADDRESS	5			
CITY-ST-ZIP			CITY-ST-ZIP	 	· · · · · · · · · · · · · · · · · · ·		
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME			NAME CIDEET ADDRESS	.			
CIDEEL VUUDEGG			■ CIDELL TUDDOCCC				

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

DITYPED OF PRINTED NAME OF

SIGNING MANAGING MEMBER MANAGER OR AUTH

cão 4-16-03

302-421-57

Daytime Phone #

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