2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008286

1. Entity Name
INDIGO, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 SEP -8 AM 10: 02

Principal Place of Business	Mailing Address
3225 S. MACDILL SUITE ~~199~~ 119 TAMPA FL 33629	3225 S. MACDILL SUITE ~~199~~ 119 TAMPA FL 33629

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
3225 S. MacDill Ave		3225 S. MacDill Ave	
Suite, Apt. #, etc. 119		Suite, Apt. #, etc. 119	
City & State TAMPA FL		City & State TAMPA FL	
Zip 33629	Country	Zip 33629	Country

4. FEI Number ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PAGE, RONALD L 3225 S. MACDILL SUITE ~~199~~ 119 TAMPA FL 33629	Name Scott VanOver Street Address (P.O. Box Number is Not Acceptable) 3225 S. MACDILL Ave #119 City TAMPA FL Zip Code 33629

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.

SIGNATURE Ronald L. Page, Manager 7-25-2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

change

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PAGE, RONALD L 14001 TROUVILLE DRIVE TAMPA FL 33624	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VANOVER, SCOTT 3225 S. MACDILL AVE #119 TAMPA FL 33629	☒ Change ~~☐ Addition~~
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300003391233--5 -09/13/00--01042--014 *****50.00 *****50.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (5/00)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 608.4407(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.

SIGNATURE: SIGNATURE REQUIRED Ronald L Page Manager 7-25-2000 8132541447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #