


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company INDRIO VENTURES, LLC 118 S. DOWNTOWN MALL LAS CRUCES NM 88001		DOCUMENT # M97000000830	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address PO DRAWER 15069 Suite, Apt. #, etc. LAS CRUCES, NM City & State Zip Country	
3. Date Organized or Qualified 12/05/1997		3a. State of Formation NM	
4. FEI Number NOT APPLICABLE		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report 05/05/1998		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent DEIHL, RICHARD D 126 43RD AVENUE S.W. VERO BEACH FL 32968		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reappointing) DATE _____			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	CAPRON, TOM Q	118 S. DOWNTOWN MALL	LAS CRUCES NM

FILED 4/5/10
99 MAY -3 AM 10:01
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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11. I do 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 annual 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, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TITLE OF PRINCIPAL, MANAGING MEMBER OR MANAGER

DATE

Document #