

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000212568

**Entity Name:** RRLS INDIGO, LLC.

**Current Principal Place of Business:**

244 W RIVO ALTO DR  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

244 W RIVO ALTO DR  
MIAMI BEACH, FL 33139 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

ZAROFF, REED L  
244 W RIVO ALTO DR  
MIAMI BEACH, FL 33139 US

*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

**Authorized Person(s) Detail :**

Title AMBR  
Name ZAROFF, REED L  
Address 244 W RIVO ALTO DR  
City-State-Zip: MIAMI BEACH FL 33139

Title AMBR  
Name LONDON, SCOTT  
Address 520 WEST DILIDO DRIVE  
City-State-Zip: MIAMI BEACH FL 33139

Title AMBR  
Name OHAYON, LIONEL  
Address 1140 BORADWAY, 1ST FLOOR  
City-State-Zip: NEW YORK NY 10001

Title AMBR  
Name COMPOSTO, ROBERT  
Address 586 79TH STREET  
City-State-Zip: BROOKLYN NY 11209

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** REED ZAROFF

AMBR

03/05/2024

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date