# 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.

DIRECTOR

SIGNATURE: GORKA IBANEZ

Electronic Signature of Signing Authorized Person(s) Detail

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000088881

Entity Name: BLACK SCORPION OUTDOOR GEAR LLC

# Current Principal Place of Business:

10218 NW 50 STREET SUITE 10 SUNRISE, FL 33351

#### **Current Mailing Address:**

10218 NW 50 STREET SUITE 10 SUNRISE, FL 33351 US

## FEI Number: 46-0549308

## Name and Address of Current Registered Agent:

GORKA , IBANEZ 10218 NW 50 STREET SUITE 10 SUNRISE, FL 33351 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	NATURE: GORKA IBAÑEZ			02/07/2019
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGR	Title	DIRECTOR	
Name	MODE, ORLANDO	Name	IBANEZ, GORKA	
	10791 NW 14ST 293 PLANTATION FL 33322	Address	925 CYPRESS GROVE DRIVE	
		City-State-Zip:	POMPANO BEACH FL 33069	

Certificate of Status Desired: Yes

02/07/2019

FILED Feb 07, 2019 Secretary of State 1321224676CC

Date