

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000169532

**Entity Name:** SO RUGGED OPS LLC

**Current Principal Place of Business:**

7643 GATE PARKWAY  
SUITE 104-556  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

7643 GATE PARKWAY  
SUITE 104-556  
JACKSONVILLE, FL 32256

**FEI Number:** 85-1616808

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC.  
7901 4TH ST N  
STE 300  
ST. PETERSBURG, FL 33702 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 THOMPSON, TRACI  
Address 7643 GATE PARKWAY SUITE 104-556  
City-State-Zip: JACKSONVILLE FL 32256

Title AMBR  
Name MOORE, COURTNEY  
Address 7643 GATE PARKWAY SUITE 104-556  
City-State-Zip: JACKSONVILLE FL 32256

*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:** TRACI THOMPSON

**MEMBER**

**02/15/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date