

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M03000002614

**Entity Name:** SHARKNINJA OPERATING LLC**Current Principal Place of Business:**89 A STREET  
SUITE 100  
NEEDHAM, MA 02494**Current Mailing Address:**89 A STREET  
SUITE 100  
NEEDHAM, MA 02494 US**FEI Number:** 20-0115430**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 SECRETARY  
Name LOPEZ-BALDRICH, PEDRO J.  
Address 89 A STREET  
SUITE 100  
City-State-Zip: NEEDHAM MA 02494

Title CHIEF COMMERCIAL OFFICER  
Name SHAH, NEIL  
Address 89 A STREET  
SUITE 100  
City-State-Zip: NEEDHAM MA 02494

Title MANAGER  
Name EP MIDCO LLC  
Address 89 A STREET  
SUITE 100  
City-State-Zip: NEEDHAM MA 02494

Title PRESIDENT  
Name BARROCAS, MARK  
Address 89 A STREET  
SUITE 100  
City-State-Zip: NEEDHAM MA 02494

Title TREASURER AND CHIEF FINANCIAL  
OFFICER  
Name STEVENSON, DAVE  
Address 89 A STREET  
SUITE 100  
City-State-Zip: NEEDHAM MA 02494

Title CEO  
Name WANG, XUNING  
Address 89 A STREET  
SUITE 100  
City-State-Zip: NEEDHAM MA 02494

Title FOUNDER  
Name ROSENZWEIG, MARK  
Address 89 A STREET  
SUITE 100  
City-State-Zip: NEEDHAM MA 02494

*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:** DAVE STEVENSONTREASURER AND CHIEF 05/28/2020  
FINANCIAL OFFICER

Electronic Signature of Signing Authorized Person(s) Detail

Date