

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L98000000962**

1. Entity Name  
**SHULA SPORTS, LLC**



Principal Place of Business  
**16 INDIAN CREEK ISLAND  
MIAMI BEACH, FL 33154**

Mailing Address  
**16 INDIAN CREEK ISLAND  
MIAMI BEACH, FL 33154**



04072008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0847837**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**WATTS-FITZGERALD, ABIGAIL  
1111 BRICKELL AVENUE  
SUITE 2500  
MIAMI, FL 33131**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

U00000890576  
04/22/08-80098-017 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	SHULA, DAVE
STREET ADDRESS	1080 INDIAN TRAIL
CITY-ST-ZIP	COOPER CITY, FL 33328
TITLE	MGR
NAME	SHULA, MARY ANNE
STREET ADDRESS	16 INDIAN CREEK ISLAND
CITY-ST-ZIP	MIAMI BEACH, FL 33154
TITLE	MGR
NAME	SHULA, DONALD
STREET ADDRESS	16 INDIAN CREEK ISLAND
CITY-ST-ZIP	MIAMI BEACH, FL 33154
TITLE	MGR
NAME	PEACE, JOHN
STREET ADDRESS	425 WEST CAPITAL SUITE 3700
CITY-ST-ZIP	LITTLE ROCK, AR 72201
TITLE	MGR
NAME	CHILDRESS, ROBERT
STREET ADDRESS	425 WEST CAPITOL SUITE 3300
CITY-ST-ZIP	LITTLE ROCK, AR 72201
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/7/08

Date

305-817-4182

Daytime Phone #