RUGGED SHARK, LLC

Principal Place of Business

4701 NORTH FEDERAL HIGHWAY LIGHTHOUSE POINT FL 33064

Mailing Address

4701 NORTH FEDERAL HIGHWAY LIGHTHOUSE POINT FL 33064

FILED

02 DEC 11 AM 9: 22

SECRETARY OF STATE TALLAHASSEE, FLORIDA



2. Principal Place of Business Suite, Apt. #, etc. City & State		3. Mailing Address Suite, Apt. #, etc. City & State		DO NOT WRITE IN THIS SPACE 4. FEI Number 65-1001442 Applied For Not Applicable		
Zip	Country	Zíp	Country	5. Certificate of Status Desired	S5.00 Additional Fee Required	
SULL	6. Name and Address of Curren	t Registered Agent	Name	7. Name and Address of New Registered Agent Name		
	West-Flagler-Street,-Suite- II Fl 33130	2200	. Street Addre	ss (P.O. Box Number is Not Acceptable)	Zip Code	
	named entity submits this statement in some fregistered agent. Signature, typed or printed name of registered agent.		g its registered office or reginal control of the c		ida. I am familiar with, and accept	
, A rg ar		Make Check	NOW!!! FEE IS \$50. Payable to Departmer By September 25, 200	t of State 2		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEME MGRM RUGGED FOOTWEAR COMPAN 4701 NORTH FEDERAL HIGHW LIGHTHOUSE POINT FL 33064	☐ Delete	THE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/C	CHANGES Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3000091 0	□ Change □ Addition 07833 -002 **158.00	

☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-CITY_ST_ZIP_ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Addition ☐ Delete TITLE ... TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

AUTHORIZED REPRESENTATIVE

954782-3200

CR2E083 (4/02)