2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2005 08:00 AM
Secretary of State

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Daytime Phone #

	ANNUAL	REPORT		Sa	cretary of State
DOCU	MENT # M00000000	824		36	Cicialy of State
1. Entity Nam	nė				
KOGGEL	SHARK, LLC				
Principal Plac	e of Business	Mailing Address			
	1701 NORTH FEDERAL HIGHWAY 4701 NORTH FEDERAL HIGHWAY 1.IGHTHOUSE POINT, FL 33064 LIGHTHOUSE POINT, FL 33064				
LIGHTHOUSE	. POINT, PE 35004	EIGHTHOUSE POINT, FL SSC	104		
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DO NOT WRITE IN THIS SPACE				04202005 No Chg-LLC	CR2E083 (10/03)
				4. FE! Number	Applied For
l				65-1001442	Not Applicable
				5. Certificate of Status Desired	\$5.00 Additional
	6. Name and Address of Current R	egistered Agent	 	<u> </u>	Fee Required
	AL AUDTOLI		<u> </u>	-	
SITTERSON, CURTIS H 150 WEST FLAGLER STREET, SUITE 2200				DO NOT W	RITE
MIAMI, FL		·_	.]	IN THIS SP	ACE
				IN THIS SE	ACL
			,		
8. The above	named entity submits this statement for ions of registered agent.	the purpose of changing its regist	ered office or register	ed agent, or both, in the State of Flo	rida. I am familiar with, and accept
		man and a second of the second			
SIGNATURE.	Signature, typed or printed name of registered agont ar	diffue if applicable inform Registr	ered Agent signature required	whon reinstating)	DATE
	iling Eon is \$50.00	* * * * * * * * * * * * * * * * * * *		27.112F	
D	iling Fee is \$50.00 ue by May 1, 2005				• .
g	MANAGING MEMBER	S/MANAGERS		T - (
TITLE	MGRM	-	-		
NAME PYREET ADDRESS	RUGGED FOOTWEAR COMPAN		1		•
STREET ADDRESS CITY-ST-ZIP	4701 NORTH FEDERAL HIGHWA LIGHTHOUSE POINT, FL 33064	AT .	ł		
TITLE				. Lannon	332017
NAME			i	04/26/05-	80038-010 50.00
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NAME STREET ADDRESS			1		
CITY-ST-ZIP	<u> </u>				
11. I hereby of	certify that the information supplied with to on this report is true and accurate and the billity company or the receiver or trustee	his filing does not qualify for the en	xemption stated in Se	ection 119.07(3)(I). Florida Statutes, I	further certify that the information indiamember or manager of the
limited lia	billity company or the receiver or trustee	empowered to execute this report	as required by Chap	ter 608, Florida Statutes.	The second of the second of the

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

SIGNATURE: