2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2014
Secretary of State
CC0437550057

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Entity Name: ARMADA SPORTS LLC

Current Principal Place of Business:

9855 REGENCY SQUARE BLVD.
APT. # 36
JACKSONVILLE, FL 32225

Current Mailing Address:

9855 REGENCY SQUARE BLVD.
APT. # 36
JACKSONVILLE, FL 32225 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAK COURT
SUITE A
TAMPA, FL 33612 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	MGRM	Title	MGRM
Name	HUTCHERSON, TYRA N	Name	HUTCHERSON, BEVERLY A
Address	9855 REGENCY SQUARE BLVD. APT. # 36	Address	9855 REGENCY SQUARE BLVD. APT. # 36
City-State-Zip:	JACKSONVILLE FL 32225	City-State-Zip:	JACKSONVILLE FL 32225
Title	MGRM	Title	MGRM
Name	FITTS, EVAN	Name	COCHRAN, THEODORE R II
Address	9855 REGENCY SQUARE BLVD. APT. # 36	Address	9855 REGENCY SQUARE BLVD. APT. # 36
City-State-Zip:	JACKSONVILLE FL 32225	City-State-Zip:	JACKSONVILLE FL 32225
Title	MANAGER		
Name	MENDEZ, JASON		
Address	9855 REGENCY SQUARE BLVD. APT. # 36		
City-State-Zip:	JACKSONVILLE FL 32225		

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: THEODORE R. COCHRAN II OWNER 04/14/2014

Electronic Signature of Signing Authorized Person(s) Detail — Date