

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M19000005760

FILED
Feb 28, 2020
Secretary of State
4709190766CC

Entity Name: ALL ELITE WRESTLING, LLC

Current Principal Place of Business:

1 TIAA BANK FIELD DR
JACKSONVILLE, FL 32202

Current Mailing Address:

1 TIAA BANK FIELD DR
JACKSONVILLE, FL 32202 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 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 MBR
Name THE SHAHID RAFIQ KHAN 2012 TRUST AGREEMENT F/B/O SHANNA KHAN, DATED OCTOBER 11, 2012
Address 1 TIAA BANK FIELD DR
City-State-Zip: JACKSONVILLE FL 32202

Title MEMBER
Name THE SHAHID RAFIQ KHAN 2012 TRUST AGREEMENT F/B/O ANTONY RAFIQ KHAN, DATED OCTOBER 11, 2012
Address 1 TIAA BANK FIELD DR
City-State-Zip: JACKSONVILLE FL 32202

Title MEMBER
Name THE SHAHID RAFIQ KHAN ESBT FAMILY TRUST FOR THE BENEFIT OF ANTONY RAFIQ KHAN, DATED SEPTEMBER 18, 1995
Address 1 TIAA BANK FIELD DR
City-State-Zip: JACKSONVILLE FL 32202

Title MEMBER
Name THE SHAHID RAFIQ KHAN ESBT FAMILY TRUST FOR THE BENEFIT OF SHANNA KHAN, DATED SEPTEMBER 18, 1995
Address 1 TIAA BANK FIELD DR
City-State-Zip: JACKSONVILLE FL 32202

Title MEMBER
Name THE SHAHID RAFIQ KHAN LIVING TRUST, DATED JULY 14, 1988, AS AMENDED
Address 1 TIAA BANK FIELD DR
City-State-Zip: JACKSONVILLE FL 32202

Title MANAGER
Name KHAN, SHAHID R.
Address 1 TIAA BANK FIELD DR
City-State-Zip: JACKSONVILLE FL 32202

Title AUTHORIZED PERSON
Name PAREKH, MEGHA
Address 1 TIAA BANK FIELD DR
City-State-Zip: JACKSONVILLE FL 32202

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: PAREKH , MEGHA

AUTHORIZED PERSON

02/28/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date