

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90084 013 *****50.00

DOCUMENT # L000000010143

1. Entity Name

SUTURE SOLUTIONS, LLC

Principal Place of Business

1250 SOUTH POWERLINE ROAD
 DEERFIELD BEACH FL 33442

Mailing Address

1250 SOUTH POWERLINE ROAD
 DEERFIELD BEACH FL 33442

2. Principal Place of Business

3. Mailing Address

700 NW 33RD St.

700 NW 33RD St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

290B

290B

City & State

City & State

Pompano Beach, FL

Pompano Beach, FL

Zip

Country

Zip

Country

33064

USA

33064

USA

6. Name and Address of Current Registered Agent

KULA, DAN
 1250 S POWERLINE ROAD
 DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent

Name: Kula, Daniel
 Street Address (P.O. Box Number is Not Acceptable): 700 NW 33RD St.
 Suite 290B
 City: Pompano Beach, FL Zip Code: 33064

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.

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 \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: MGR
 NAME: KULA, DAN
 STREET ADDRESS: 1250 S POWERLINE ROAD
 CITY-ST-ZIP: DEERFIELD BEACH FL 33442 ☒ Delete

TITLE: MGR
 NAME: KULA, DANIEL
 STREET ADDRESS: 700 NW 33RD St. Suite 290B
 CITY-ST-ZIP: Pompano Beach, FL 33064 ☒ Change ☐ Addition

TITLE: MGR
 NAME: KAUSH, ERROL
 STREET ADDRESS: 1250 S POWERLINE ROAD
 CITY-ST-ZIP: DEERFIELD BEACH FL 33442 ☒ Delete

TITLE: MGR
 NAME: Kalish, Errol
 STREET ADDRESS: 700 NW 33RD St. Suite 290B
 CITY-ST-ZIP: Pompano Beach, FL 33064 ☒ Change ☐ Addition

TITLE:
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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.

SIGNATURE:

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

Date

Daytime Phone #

CR2E083 (9/01)