

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000010143 1. Entity Name SUTURE SOLUTIONS, LLC	
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Principal Place of Business 700 NW 33RD ST 290B POMPANO BEACH, FL 33064	Mailing Address 700 NW 33RD ST 290B POMPANO BEACH, FL 33064
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01052005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent KULA, DAN 700 NW 33RD ST STE 290B POMPANO BEACH, FL 33064

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

U000000211273
02/02/05-80114-003 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KULA, DANIEL 700 NW 33RD ST STE 290B POMPANO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KALISH, ERROL 700 NW 33RD ST STE 290B POMPANO BEACH, FL 33064
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**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/28/05