


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 18, 2007 8:00 am**  
**Secretary of State**

05-18-2007 90221 041 \*\*\*\*55.00

<b>DOCUMENT # L04000010646</b> 1. Entity Name <b>SANFORD SUTTON MASONRY, LLC</b>					
Principal Place of Business <b>6115 SYRCLE AVE MILTON FL 32570 US</b>			Mailing Address <b>6115 SYRCLE AVE MILTON FL 32570 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>32-0106740</b> <div style="float: right; border: 1px solid black; padding: 2px;">         Applied For Not Applicable       </div>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SUTTON, SANFORD T 6463 MADDOX RD MILTON FL 32570</b>			7. Name and Address of New Registered Agent Name <b>SUTTON, SANFORD T</b> Street Address (P.O. Box Number is Not Acceptable) <b>6115 SYRCLE AVE</b> <b>MILTON FL 32570</b> City <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2007</b>					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM SUTTON, SANFORD T 6463 MADDOX RD MILTON FL 32570</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM SUTTON, SANFORD T 6115 SYRCLE AVE MILTON FL 32570</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.					
<b>SIGNATURE: <i>SANFORD SUTTON</i></b> <div style="float: right;"> <b>05-01-07</b>      <b>850 324-1944</b> </div>					



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