


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 26, 2006 8:00 am
Secretary of State

05-26-2006 90128 026 ****50.00

DOCUMENT # L04000015096 1. Entity Name SUTTON CAPITAL, LLC	
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Principal Place of Business 3511 W. COMMERCIAL BLVD SUITE #307 FT LAUDERDALE, FL 33309	Mailing Address 3511 W. COMMERCIAL BLVD SUITE #307A FT LAUDERDALE, FL 33309
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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05232006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0773848	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent JAMES, HOWARD C III 3511 W. COMMERCIAL BLVD., SUITE 307 FORT LAUDERDALE, FL 33309
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by September 6, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM : JAMES, HOWARD C III 3511 W. COMMERCIAL BLVD #307A FT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

SIGNATURE: JAMES HOWARD C III **4/30/06** **(954) 731-1657**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #