

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000064359

Entity Name: MYSTIC SUTTON LLC**Current Principal Place of Business:**19195 MYSTIC POINTE DR
APT # 2606/2607
AVENTURA, FL 33180**Current Mailing Address:**19195 MYSTIC POINTE DR
APT # 2606/2607
AVENTURA, FL 33180 US**FEI Number:** 30-1259757**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ARKIN, AVIV E CPA
4675 FICUS STREET
HOLLYWOOD, FL 33021 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	AMBR
Name	SUTTON FASCA, JACOBO
Address	19195 MYSTIC POINTE DR APT # 2606/2607
City-State-Zip:	AVENTURA FL 33180

Title	AMBR
Name	CANO GALLARDO, MARIA TERESA
Address	19195 MYSTIC POINTE DR APT # 2606/2607
City-State-Zip:	AVENTURA FL 33180

Title	AMBR
Name	SUTTON CANO, RAUL
Address	19195 MYSTIC POINTE DR APT # 2606/2607
City-State-Zip:	AVENTURA FL 33180

Title	AMBR
Name	SUTTON CANO, TANIA
Address	19195 MYSTIC POINTE DR APT # 2606/2607
City-State-Zip:	AVENTURA FL 33180

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: JACOBO SUTTON FASCA**MEMBER****03/22/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date