2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

01 APR 26 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

001011

DOCUMENT # L97000001424

1. Entity Name
CONTINUITY LC

Principal Place of Business	Mailing Address
9555 SW 88TH ST., STE. 209 MIAMI FL 33176	9555 SW 88TH ST., STE. 209 MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0801918 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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.

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

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CONCEPCION, DAVID R 9555 S.W. 88TH, SUITE 209 MIAMI FL 33176	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	100004192166--4 -05/10/01--01004--023 *****50.00 *****50.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR JOHNSON, ERIC T 9555 SW 88TH ST., STE. 209 MIAMI FL 33176	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR EDUARDO DELRIEGO 9555 SW 88TH ST. SUITE 209 MIAMI FL. 33176 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (11/00)

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] ERIC T JOHNSON APR. 24, 2001 305-274-3640

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #