

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000054686

**FILED**  
**Apr 22, 2013**  
**Secretary of State**  
**CC5164574755**

**Entity Name:** CONTINENTAL DISTINCTIVE HOSPITALITY, LLC

**Current Principal Place of Business:**

1815 GRIFFIN ROAD, STE 404  
DANIA BEACH, FL 33004

**Current Mailing Address:**

1815 GRIFFIN ROAD, STE 404  
DANIA BEACH, FL 33004

**FEI Number: 87-0802503**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

KALLICHE, ANTHONY A  
C/O THE CONTINENTAL GROUP, INC.  
2950 N. 28TH TERRACE  
HOLLYWOOD, FL 33020 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 MGR  
Name DIESTEL, DAVID  
Address 1815 GRIFFIN RD SUITE 404  
City-State-Zip: DANIA BEACH FL 33004

Title MGR  
Name NATALE, MICHAEL  
Address 1815 GRIFFIN RD SUITE 404  
City-State-Zip: DANIA BEACH FL 33004

Title S  
Name NATALE, MICHAEL  
Address 1815 GRIFFIN RD SUITE 404  
City-State-Zip: DANIA BEACH FL 33004

Title MGR  
Name SOLIMAN, MAHMOUD  
Address 2950 N 28TH TERRACE  
City-State-Zip: HOLLYWOOD FL 33020

Title T  
Name HOWLAND, EDWARD  
Address 1815 GRIFFIN ROAD, STE 404  
City-State-Zip: DANIA BEACH FL 33004

Title P  
Name SOLIMAN, MAHMOUD  
Address 2950 N 28TH TERRACE  
City-State-Zip: HOLLYWOOD FL 33020

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MICHAEL NATALE**

**SECRETARY**

**04/22/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date