

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000018774

**FILED**  
**Jan 24, 2017**  
**Secretary of State**  
**CC5106150947**

**Entity Name:** CONTINENTAL ASSIST, LLC

**Current Principal Place of Business:**

20803 BISCAYNE BLVD.  
SUITE 500  
AVENTURA, FL 33180

**Current Mailing Address:**

20803 BISCAYNE BLVD.  
SUITE 500  
AVENTURA, FL 33180 US

**FEI Number:** 46-1966662

**Certificate of Status Desired:** No

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

SOUED, ALFONSO  
20803 BISCAYNE BLVD.  
SUITE 500  
AVENTURA, FL 33180 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	MGRM
Name	CARITO INVESTMENTS, LLC
Address	20600 NE 20TH PL
City-State-Zip:	MIAMI FL 33179
Title	MGRM
Name	RUBIN, JOSE M
Address	101 S. FORT LAUDERDALE BEACH BLVD. APT. 701
City-State-Zip:	FORT LAUDERDALE FL 33316
Title	AUTHORIZED MEMBER
Name	SECO, ALEJANDRO
Address	20803 BISCAYNE BLVD. SUITE 500
City-State-Zip:	AVENTURA FL 33180

Title	MGRM
Name	AVENCARD, LLC
Address	20803 BISCAYNE BLVD. SUITE 500
City-State-Zip:	AVENTURA FL 33180
Title	MGRM
Name	ALCHACORP, LLC
Address	20803 BISCAYNE BLVD. SUITE 500
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:** ALFONSO SOUED

**MANAGER**

**01/24/2017**

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

\_\_\_\_\_  
Date