

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000076580

**Entity Name:** CONTINUUMHR OF FLORIDA, LLC

**Current Principal Place of Business:**

11691 GATEWAY BLVD., STE. 104  
FORT MYERS, FL 33913

**FILED**  
**Apr 26, 2021**  
**Secretary of State**  
**0595977055CC**

**Current Mailing Address:**

11691 GATEWAY BLVD STE 104  
FORT MYERS, FL 33913 US

**FEI Number: 47-3914221**

**Certificate of Status Desired: No**

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

COGENCY GLOBAL INC.  
115 NORTH CALHOUN  
SUITE 4  
TALLAHASSEE, FL 32301 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	MEMBER	Title	MEMBER
Name	WILLIAM A. HAMP III TRUST	Name	HELEN I. SARVER TRUST
Address	15314 CORSINI WAY	Address	11691 GATEWAY BLVD., STE. 104
City-State-Zip:	NAPLES FL 34110	City-State-Zip:	FORT MYERS FL 33913
Title	MEMBER	Title	VP, SECRETARY
Name	ROSS, MELISSA D.	Name	SMITH, DAVID C.
Address	11691 GATEWAY BLVD., STE. 104	Address	11691 GATEWAY BLVD., STE. 104
City-State-Zip:	FORT MYERS FL 33913	City-State-Zip:	FORT MYERS FL 33913
Title	COO	Title	MEMBER
Name	NICHOLAS JR., AUBREY G.	Name	CHURCHWARD, CYNTHIA S.
Address	1111 COOPERS COVE RD.	Address	11691 GATEWAY BLVD., STE. 104
City-State-Zip:	HARDY VA 24101	City-State-Zip:	FORT MYERS FL 33913
Title	CEO, PRESIDENT	Title	MANAGING MEMBER
Name	SARVER II., ROBERT L.	Name	ROBERT L. SARVER II TRUST
Address	11691 GATEWAY BLVD., STE. 104	Address	11691 GATEWAY BLVD., STE. 104
City-State-Zip:	FORT MYERS FL 33913	City-State-Zip:	FORT MYERS FL 33913

*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: ROBERT L. SARVER II**

**CEO, PRESIDENT**

**04/26/2021**

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

\_\_\_\_\_  
Date