

**2023 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M20000006101

**FILED**  
**Oct 19, 2023**  
**Secretary of State**  
**2330575104CC**

**Entity Name:** CONTINENTAL WINGATE COMPANY OF GEORGIA, LLC

**Current Principal Place of Business:**

3833 PEACHTREE ROAD N.E.  
SUITE:1700  
ATLANTA, GA 30319

**Current Mailing Address:**

57 WELLS AVENUE  
NEWTON, MA 02459 US

**FEI Number:** 85-2814085

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
STE:A  
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            SECRETARY  
Name            SCHARF, JONATHAN  
Address        57 WELLS AVENUE  
City-State-Zip: NEWTON MA 02459

Title            TREASURER  
Name            NOWAK, PETER  
Address        100 WELLS AVENUE  
City-State-Zip: NEWTON MA 02459

Title            CO-PRESIDENT  
Name            SCHUSTER, MARK  
Address        100 WELLS AVENUE  
City-State-Zip: NEWTON MA 02494

Title            CO-PRESIDENT  
Name            SCHUSTER, SCOTT  
Address        57 WELLS AVENUE  
City-State-Zip: NEWTON MA 02459

*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:** JONATHAN SCHARF

**SECRETARY**

**10/19/2023**

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

\_\_\_\_\_  
Date