

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000036974

FILED
Mar 24, 2009
Secretary of State

Entity Name: CONTINENTAL MANAGEMENT SOLUTIONS, LLC

Current Principal Place of Business:

12240 SW 53 ST, #512
COOPER CITY, FL 33330

New Principal Place of Business:

Current Mailing Address:

12240 SW 53 ST, #512
COOPER CITY, FL 33330

New Mailing Address:

FEI Number: 42-1606181

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FICARA, FRANK
12240 SW 53 ST, #512
COOPER CITY, FL 33330 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BREAZ, ALEX
Address: 16565 NW 10 ST
City-St-Zip: PEMBROKE PINES, FL 33028

Title: MGRM () Delete
Name: HAAS, MATT
Address: 13425 SW 108 STREET CIRCLE SOUTH
City-St-Zip: MIAMI, FL 33186

Title: MGRM () Delete
Name: FICARA, FRANK
Address: 13810 NW 20 ST
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: FRANK FICARA

MGRM

03/24/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date