2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 02, 2008 8:00 am Secretary of State DOCUMENT # L04000070314 1. Entity Name 04-02-2008 90152 028 ***138.75 CONTINENTAL V&K LLC Principal Place of Business Mailing Address 5600 NORTHWEST 32 AVENUE 5600 NORTHWEST 32 AVENUE 60019023 'MIAMI, FL 33142 US MIAMI, FL 33142 US 2. Principal Place of Business - No P.O. Box,# 3. Mailing Address 1998 NE 1998 NE 150th Street 01232008 Chg-LLC CR2E083 (12/06) 4. FEI Number Applied For Miami 20-1697989 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KAHN, DONALD J Street Address (P.O. Box Number is Not Acceptable) 317 71ST STREET MIAMI BEACH, FL 33141 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!!\FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS 9 10 ADDITIONS/CHANGES MGRM♠(KRAMS, STEVEN TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME 5600 NORTHWEST 32 AVENUE STREET ADDRESS STREET ADDRESS MIAMI. FL 33142 CITY+ST-ZIP CITY-ST-ZIP Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE _ 🔲 Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S - ZIP CITY-ST-ZIP blied with this fill of does not adalify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information and that rhy signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the or trustee employaged to execute this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the information sup

FILED

Steven Krums 3/26/08 305-573-7339
REPRESENTATIVE Date Dayline Phone # SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED

indicated on this report is true and acc limited liability company or the receive