2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000093358

CONTINENTAL INVESTMENTS & ASSOCIATES, LLC



FILED Sep 23, 2008 08:00 AM Secretary of State

Principal Place of Business

5380 SW 61ST AVE. **DAVIE, FL 33314**

Mailing Address

5380 SW 61ST AVE. **DAVIE, FL 33314**



09182008 No Chg-LLC

CR2E083 (12/07)

4,	FEI Number			
	20-3512692			

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FIGUEROA, DUVERILDO R 5380 SW 61ST AVE. **DAVIE, FL 33314**

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				THIS OF AGE		
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.						
SIGNÁTURE.	Signature typed or printed name of registered agent a	nd title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE		
FILE NOWIII FEE IS \$138.75 Due by September 12, 2008 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.						
9.	MANAGING MEMBER	RS/MANAGERS				
TITLE	MGRM					
NAME STREET ADDRESS	FIGUEROA, DUVERILDO R 5380 SW 61ST AVE.		•			
CITY-ST-ZIP	DAVIE, FL 33314			U00000959966 09/23/08-80002-014 138.75		
TITLE						
NAME						
STREET ADDRESS				l		

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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 eceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE