2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT # L06000076252



05-01-2008 90159 001 *3,191.25

FILED

May 01, 2008 8:00 am Secretary of State

CONTINENTAL OF TECHNICAL ASSISTANCE SERVICES Principal Place of Business Mailing Address 30005555 2655 LEJEUNE ROAD, SUITE 507 2655 LEJEUNE ROAD, SUITE 507 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04162008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number 75-3323576 Applied For APPLIED FOR Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent un FILINGS, INC. 3732 N.W. 1974 STREET Street Address FT. LAUDERDALE, FL 33311-4132 The above its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation SIGNATURE (NOTE: Registered Agent signature required when reinstating) 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 MGR TITLE ☐ Delete ☐ Change ☐ Addition **GUTIERREZ, JOSE A** NAME NAME 2655 LEJEUNE ROAD, SUITE 507 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134 CITY-ST-ZIP TITLE 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-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY_ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

lied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information age 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 provide a mylogrered to execute this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the information indicated on this report is true and limite

NAGER, OR AUTHORIZED REPRESENTATIVE