

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000003811

FILED  
Feb 04, 2009  
Secretary of State

Entity Name: CONTINUEN, LLC

**Current Principal Place of Business:**

3611 KILLDEER COURT  
MELBOURNE, FL 32904 US

**New Principal Place of Business:**

**Current Mailing Address:**  
PO BOX 120158  
W. MELBOURNE, FL 32912 US

**New Mailing Address:**

FEI Number: 20-8172874      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

OKERSTROM, WILLIAM C  
3611 KILLDEER COURT  
MELBOURNE, FL 32904 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: MGR ( ) Delete  
Name: OKERSTROM, WILLIAM C  
Address: 3611 KILLDEER COURT  
City-St-Zip: MELBOURNE, FL 32904 US

**ADDITIONS/CHANGES:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: OKERSTROM, MAUREEN  
Address: 3611 KILLDEER COURT  
City-St-Zip: MELBOURNE, FL 32904 US

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: MAUREEN OKERSTROM

MGR

02/04/2009

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