## 2008 LIMITED LIABILITY COMPANY

## May 01, 2008 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # L07000031359 05-01-2008 90023 006 \*\*\*138.75 CONTINENTAL MANUFACTURING INT'L. LLC Principal Place of Business Mailing Address 60036921 %COSTELLO & ROYSTON, LLP, ATTN: RD ROYSTON IR 232 DUNBAR COURT OLDSMAR, FL 34677 PO DRAWER 60205 FT. MYERS, FL 33906 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 40\_ John M. Wicker Suite, Apt. #, etc. 01182008 Chg-LLC CR2E083 (12/06) 4. FEI Number Applied For MUKES Not Applicable Country \$5.00 Additional イベン 5. Certificate of Status Desired AZU Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROYSTON, ROBERT D JR. 12670 NEW BRITTANY BLVD., SUITE 101 Street Address (P.O. Box Number is Not Acceptable) FT. MYERS, FL 33907 Zip Code FL 8. The above named entity submits. or the purpose of changing its registered office or registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of regi SIGNATURE e of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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. ADDITIONS/CHANGES 10. MGRM TITLE 😾 Delete TITLE **C**hange Addition Wer w HAGAN, CHARLES D NAME NAME HAGAD, CHARKES D. STREET ADDRESS 232 DUNBAR COURT STREET ADDRESS 4920 FR- STACK RD. SOUTD OLDSMAR, FL 34677 CITY-ST-ZIP CITY-ST-ZIP FUKELYID EL 33812 TITLE **MGRM** Delete TITLE ☐ Change Addition LEGGETT, KEITH NAME NAME 232 DUNBAR COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OLDSMAR, FL 34677 CITY-ST-ZIP TITLE Oelete THILE ☐ Addition Change Change mgr m NAME NAME LEGGETT, KETTH STREET ADDRESS STREET ADDRESS. My SECULATION OF THE CAPT CITY-ST-ZIP CITY-ST-ZIP LAKELAHO FL 33815 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME NAME

11. Thereby certify that the information supplied with this filling does not qualify 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 fimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CHY-ST-ZIP

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

☐ Addition

Daytime Phone 4

☐ Change

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