

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000116476

FILED  
Mar 10, 2011  
Secretary of State

**Entity Name:** CONTINENTAL INSURANCE OFFICE, LLC

**Current Principal Place of Business:**

14205 SW 50TH STREET  
MIAMI, FL 33175

**New Principal Place of Business:**

3758 W 12TH AVE.  
HIALEAH, FL 33012

**Current Mailing Address:**

14205 SW 50TH STREET  
MIAMI, FL 33175

**New Mailing Address:**

3758 W 12TH AVE.  
HIALEAH, FL 33012

**FEI Number:** 27-3978349

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

RIBE, ARIANNE S  
13330 SW 49TH STREET  
MIAMI, FL 33175 US

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

RIBE, ARIANNE S  
14205 SW 50TH STREET  
MIAMI, FL 33175 US

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: ARIANNE SANTOS RIBE

03/10/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: RIBE, ARIANNE S  
Address: 14205 SW 50TH STREET  
City-St-Zip: MIAMI, FL 33175

Title: MGR  
Name: RIBE, MIGUEL E  
Address: 14205 SW 50 ST  
City-St-Zip: MIAMI, FL 33175

I hereby 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: MIGUEL E RIBE

MGR

03/10/2011

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