Daytime Phone #

200	1 UNIFORM BUS	INESS REPO	DRT	(UBR)		2 3 6 - 1			
		00000918				•			
1. Entity Name CONTINENTAL ASSOCIATES, L.C.						- F-11 - F-1			
						FILED			
Principal Place of Business Mailing Address				- 		- 101 JAN 22 PM 3:38			
2000 CONTINENTAL DRIVE. SUITE A WEST PALM BEACH FL 33407		2000 CONTINENTAL DRIVE. SUITE A WEST PALM BEACH FL 33407				SECRETARY, OF STATE TALLAHASSEE, FLORIDA			
		WEST THEM DESCRIPTE	00101			(ALLAHASSEE) IIII III III III III III III III III I	. FLORIDA	AL AN OR T 1614 1661	
2 Principal F	Place of Business	La Marillan Addition							
		3. Mailing Address				•	•		
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State		City & State			4. FEII	4. FEI Number 65-0846851 Applied For Not Applicable			
Zip	Country	Zip	Zip Cour		5. Certificate of Status Desired Status Desired Fee Required			1.	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent				1
SAGLIOCCA, GENNARO				Name					
2000 CONTINENTAL DRIVE, SUITE A WEST PALM BEACH FL 33407				Street Addres	s (P.O.,Box N	lumber is Not Acceptable)			- -
1,20171				City			El Zip Cod		1
S The shows	named entity submits this statement for	ar the ourseless of shareless (t					ГЬ		-
0. 1110 0. 5070	. Trained criticy submits this statement to	it the purpose of changing its	s register	ed office of fegis	tereu agent,	or both, in the State of Florid	а.		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	TE: Registere	ed Agent signature requ	ired when reinstat	ing)	DATE		
		FILE N	OW!!!	FEE IS \$50.0	0				1
		Make Check Pa	ayable t	to Department	of State				
9.	MANAGING MEMB	·	10.			ADDITIONS/CI			٠ - ا
TITLE NAME	SAGLIOCCA, GENNARO 927 45TH STREET, #206	☐ Delete	TITLI NAM	- 1	ř		Change	Addition	2
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CITY-ST-ZIP			- ₽	'-ST-ZIP		7000035 -01/2670 ******50	1011410	003 000000	-
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TITLE		□ Delete	ППЕ	-ST-ZIP			☐ Change	Addition	1
NAME STREET ADDRESS			NAM! STRE	E ET ADDRESS			v		
CITY-ST-ZIP				-ST-ZIP					
TITLE NAME کیا		☐ Delete	TITLE NAMI				☐ Change	☐ Addition	
STREET AODRESS	Λ		1	ET ADDRESS - ST-ZIP					
11. I hereby c	ertify that the information suppled with on this report is true and accurate and	this filing does not qualify fo	r the exer	mption stated in t	Section 119.0	07(3)(i), Florida Statutes. I fu	ther certify that the in	nformation	
limited liat	bility company or the receiver of the tee	e empowered to execute this	report as	required by Cha	inade under ipter 608, Flo	rida Statutes.	member or manage	r or the	
SIGNAT	ure signai	HEROCA	(O) (* 10			1/16/11	561845	480	
JIGHAL	SIGNATURE AND TYPED OR PRINTED NAME OF	SIGNING MANAGING MEMBER, MA	NAGER, OR	AUTHORIZED REPRE	SENTATIVE	Date	Daytime Phone #	——	