

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000162413

**FILED**  
**Jan 02, 2019**  
**Secretary of State**  
**CC1867068150**

**Entity Name:** CONTINENTAL BENEFITS, LLC

**Current Principal Place of Business:**

5701 E. HILLSBOROUGH AVENUE  
NETPARK BUILDING OFFICE SUITE 1417  
TAMPA, FL 33610

**Current Mailing Address:**

5701 E. HILLSBOROUGH AVENUE  
NETPARK BUILDING OFFICE SUITE 1417  
TAMPA, FL 33610 US

**FEI Number:** 38-3919227

**Certificate of Status Desired:** No

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

LANCASTER, JOHN L  
500 SOUTH FLORIDA AVENUE 33801  
LAKELAND, FL 33801 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MANAGER
Name	BERNHARD, JEFFREY	Name	WELLENTERPRISES USA, LLC
Address	5701 E. HILLSBOROUGH AVENUE NETPARK BUILDING OFFICE SUITE 1417	Address	ONE URBAN CENTRE - SUITE 100 4830 WEST KENNEDY BOULEVARD
City-State-Zip:	TAMPA FL 33610	City-State-Zip:	TAMPA FL 33609

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JEFFREY BERNHARD

**PRESIDENT**

**01/02/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date