

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000233480

**Entity Name:** CONTINENTAL CARE LLC

**Current Principal Place of Business:**

5793 STAG THICKET LANE  
PALM HARBOR, FL 34685

**Current Mailing Address:**

5793 STAG THICKET LANE  
PALM HARBOR, FL 34685

**FEI Number:** 81-4953675

**Certificate of Status Desired:** No

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

ALGER, MARY  
5793 STAG THICKET LANE  
PALM HARBOR, FL 34685 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            AMBR  
Name            ALGER, MARY  
Address         5793 STAG THICKET LANE  
City-State-Zip: PALM HARBOR FL 34685

*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:** MARY ALGER

AMBR

06/09/2020

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

\_\_\_\_\_ Date