## 2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M21000016650

Entity Name: CONTINENTAL 609 FUND LLC

**Current Principal Place of Business:** 

W134N8675 EXECUTIVE PARKWAY MENOMONEE FALLS. WI 53051

**Current Mailing Address:** 

W134N8675 EXECUTIVE PARKWAY MENOMONEE FALLS, WI 53051 US

FEI Number: 86-2656832 Certificate of Status Desired: No

FILED Apr 18, 2024

**Secretary of State** 

3364772376CC

Date

Date

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

Authorized Person(s) Detail:

Title MGR Title AP

Name CONTINENTAL PROPERTIES Name SCHLOEMER, JAMES H

COMPANY, INC.
Address W134N8675 EXECUTIVE PARKWAY

Address W134N8675 EXECUTIVE PARKWAY

City-State-Zip: MENOMONEE FALLS WI 53051

City-State-Zip: MENOMONEE FALLS WI 53051

Title AP

Name MADELL, EDWARD J
Name MINAHAN, DANIEL J

Address W134N8675 EXECUTIVE PARKWAY

Address W134N8675 EXECUTIVE PARKWAY

City-State-Zip: MENOMONEE FALLS WI 53051

Title AP

Title AP Name GRIMM, KIMBERLY

Address W134N8675 EXECUTIVE PARKWAY

Address W134N8675 EXECUTIVE PARKWAY

City-State-Zip: MENOMONEE FALLS WI 53051

Title AP

Name

Name BAGBY, JOSEPH

Address W134N8675 EXECUTIVE PKWY
City-State-Zip: MENOMONEE FALLS WI 53051

SEIFERT, PAUL R

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: PAUL R. SEIFERT AP 04/18/2024