## **2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000017087

Entity Name: CONTINENTAL 620 FUND LLC

**Current Principal Place of Business:** 

W134N8675 EXECUTIVE PKWY MENOMONEE FALLS, WI 53051

**Current Mailing Address:** 

W134N8675 EXECUTIVE PKWY MENOMONEE FALLS, WI 53051 US

FEI Number: 87-0836358 Certificate of Status Desired: No

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

FILED Apr 05, 2022

**Secretary of State** 

0822568646CC

Date

Date

Authorized Person(s) Detail :

Title MGR Title AP

Name CONTINENTAL PROPERTIES Name SCHLOEMER, JAMES H

COMPANY, INC

Address W134N8675 EXECUTIVE PKWY

Address W134N8675 EXECUTIVE PKWY

City-State-Zip: MENOMONEE FALLS WI 53051

City-State-Zip: MENOMONEE FALLS WI 53051

Title AP

Name MADELL, EDWARD J
Name MINAHAN, DANIEL

Address W134N8675 EXECUTIVE PKWY

Address W134N8675 EXECUTIVE PKWY

City-State-Zip: MENOMONEE FALLS WI 53051

Title AP

Name GRIMM, KIMBERLY
Name SEIFERT, PAUL R

Address W134N8675 EXECUTIVE PKWY

City-State-Zip: MENOMONEE FALLS WI 53051

City-State-Zip: MENOMONEE FALLS WI 53051

Title AP

Name BAGBY, JOSEPH SEVERSON, GERARD

Address W134N8675 EXECUTIVE PKWY

Address W134N8675 EXECUTIVE PKWY

City-State-Zip: MENOMONEE FALLS WI 53051

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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 SECRETARY 04/05/2022

Electronic Signature of Signing Authorized Person(s) Detail