

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000005867

FILED  
Feb 04, 2008  
Secretary of State

Entity Name: PORTELA, LLC

**Current Principal Place of Business:**

12 HIGH MEADOW ROAD NORTH  
SADDLE RIVER, NJ 07458

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 805  
SADDLE RIVER, NJ 07458

**New Mailing Address:**

FEI Number: 58-2559614

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

RAMIREZ, MANUEL  
106 WEST BAY DRIVE  
COCOA BEACH, FL 32932 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: RAMIREZ, MANUEL  
Address: 12 HIGH MEADOW ROAD NORTH  
City-St-Zip: SADDLE RIVER, NJ 07458

Title: MGR ( ) Delete  
Name: RAMIREZ, JOSE  
Address: 25 KELL AVE  
City-St-Zip: STATEN ISLAND, NY 10314

Title: MGR ( ) Delete  
Name: RIVAS, MANUEL  
Address: 195 BAY STREAM DRIVE  
City-St-Zip: TOM'S RIVER, NJ 08753

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: MANUEL RAMIREZ

MGR

02/04/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date