

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000025837

**Entity Name:** PORTEN MANAGEMENT, LLC

**Current Principal Place of Business:**

138 N SWINTON AVENUE  
DELRAY BEACH, FL 33444

**Current Mailing Address:**

138 N SWINTON AVENUE  
DELRAY BEACH, FL 33444

**FEI Number:** 16-1632670

**Certificate of Status Desired:** No

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

SMITH, LENNIE  
138 N SWINTON AVENUE  
DELRAY BEACH, FL 33444 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           | MGRM                  | Title           | VP                    |
| Name            | PORTEN, SCOTT         | Name            | SMITH, LENNIE         |
| Address         | 138 N SWINTON AVENUE  | Address         | 138 N SWINTON AVENUE  |
| City-State-Zip: | DELRAY BEACH FL 33444 | City-State-Zip: | DELRAY BEACH FL 33444 |

*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:** SCOTT PORTEN

**MANAGER**

**04/02/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date