

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000078499

Entity Name: PORT ENTERPRISES, LLC

Current Principal Place of Business:

500 STATE ROAD 436
SUITE 2078
CASSELBERRY, FL 32707

Current Mailing Address:

500 STATE ROAD 436
SUITE 2078
CASSELBERRY, FL 32707

FEI Number: 20-1816198

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PORT, MANDY
220 WINDFLOWER WAY
OVIEDO, FL 32765 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	MGRM
Name	PORT, DAVID	Name	PORT, AMANDA
Address	220 WINDFLOWER WAY	Address	220 WINDFLOWER WAY
City-State-Zip:	OVIEDO FL 32765	City-State-Zip:	OVIEDO FL 32765

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: AMANDA PORT

ONWER

01/06/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date