

**2014 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:** Yes

**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

**OFFICER**

**02/05/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date