## 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000092652

Entity Name: NATURAL PORT, LLC

Limity Hamor Willer Ordinate Control

**Current Principal Place of Business:** 

15205 SW 48 TERRACE

MIAMI, FL 33185

**Current Mailing Address:** 

15205 SW 48 TERRACE

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MIAMI, FL 33185 US

FEI Number: 26-1076919 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GRINSZPUN, HECTOR L 15205 SW 48 TERRACE

MIAMI, FL 33185 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

FILED Apr 18, 2014

**Secretary of State** 

CC5772682170

Authorized Person(s) Detail:

Title MGRM Title MGRM

NameDURAN, VIVIANA ENameGRINSZPUN, HECTOR LAddress15205 SW 48 TERRACEAddress15205 SW 48 TERRACE

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City-State-Zip: MIAMI FL 33185 City-State-Zip: MIAMI FL 33185

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.