

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000094651

**Entity Name:** 806 PORTOFINO, LLC

**Current Principal Place of Business:**

300 SOUTH POINTE DR.  
SUITE #806  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

300 SOUTH POINTE DR.  
SUITE #806  
MIAMI BEACH, FL 33139

**FEI Number:** 45-3029001

**Certificate of Status Desired:** No

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

OTERO, MATIAS  
300 SOUTH POINTE DR.  
SUITE #806  
MIAMI BEACH, FL 33139 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  
Name OTERO, MATIAS  
Address 300 SOUTH POINTE DR. #806  
City-State-Zip: MIAMI BEACH FL 33139

Title MGRM  
Name ALTMAN, BRUCE J  
Address 300 SOUTH POINTE DR. #1103  
City-State-Zip: MIAMI BEACH FL 33139

*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:** MATIAS OTERO

**MANAGER**

**01/11/2015**

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

\_\_\_\_\_  
Date