### 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000079213

Entity Name: ALICIA PORTA GRAPHIC DESIGN, LLC

# **Current Principal Place of Business:**

6800 CYPRESS ROAD APT 509 PLANTATION, FL 33317

## **Current Mailing Address:**

6800 CYPRESS ROAD **APT 509** PLANTATION, FL 33317

FEI Number: 46-2884604 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

PORTA, ALICIA 6800 CYPRESS ROAD APT 509 PLANTATION FL 33317 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 14, 2014

**Secretary of State** 

CC4432767394

### Authorized Person(s) Detail:

Title **MGRM** 

Name PORTA, ALICIA

6800 CYPRESS ROAD, APT 509 Address

City-State-Zip: PLANTATION FL 33317

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.

04/14/2014 SIGNATURE: ALICIA PORTA **MGRM**