

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000144723

**Entity Name:** 17345 PORTER, LLC

**Current Principal Place of Business:**

17531 CR 455  
MONTVERDE, FL 34756

**Current Mailing Address:**

17531 COUNTY ROAD 455  
MONTVERDE, FL 34756 US

**FEI Number: 81-3478533**

**Certificate of Status Desired:** No

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

ARELLANO, KARIN  
17531 CR 455  
MONTVERDE, FL 34756 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 MGR  
Name ARELLANO, KARIN  
Address 17531 CR 455  
City-State-Zip: MONTVERDE FL 34756

*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: KARIN ARELLANO**

**MGR**

**01/20/2020**

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

\_\_\_\_\_  
Date