

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000158124

**Entity Name:** PORT CENTER LLC

**Current Principal Place of Business:**

275-189 TERRACE  
C/O YAKOV COHEN  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

275-189 TERRACE  
C/O YAKOV COHEN  
SUNNY ISLES BEACH, FL 33160 US

**FEI Number:** 82-2266094

**Certificate of Status Desired:** No

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

BRYN, USHER  
4000 HOLLYWOOD BLVD.  
SUITE 677-S  
HOLLYWOOD, FL 33021 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 COHEN, YAKOV  
Address 275-189 TERRACE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title MGR  
Name BOUSKILA, SHIMON  
Address 272-189 STREET  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*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:** YAKOV COHEN

**MGR**

**02/06/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date