

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000458970

**Entity Name:** PORTA SOPHIA LLC

**Current Principal Place of Business:**

1200 PONCE DE LEON BLVD  
SUITE 703  
CORAL GABLES, FL 33134

**Current Mailing Address:**

1200 PONCE DE LEON BLVD  
SUITE 703  
CORAL GABLES, FL 33134

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

MARCELL FELIPE, P.A.  
1200 PONCE DE LEON BLVD  
SUITE 703  
CORAL GABLES, FL 33134 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 NAVARRO, DIANA  
Address 1200 PONCE DE LEON BLVD, SUITE 703  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name CHENIER, JONATHAN  
Address 1200 PONCE DE LEON BLVD, SUITE 703  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name NAVARRO, JUAN MANUEL  
Address 1200 PONCE DE LEON BLVD, SUITE 703  
City-State-Zip: CORAL GABLES FL 33134

*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:** NAVARRO, DIANA

MGR

04/29/2022

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

\_\_\_\_\_  
Date