

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000448422

**Entity Name:** SP OCEANAIRE LARGO LLC

**Current Principal Place of Business:**

2020 PONCE DE LEON BLVD  
SUITE 1005A  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2020 PONCE DE LEON BLVD  
SUITE 1005A  
CORAL GABLES, FL 33134 UN

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

PORTER, STARR  
2020 PONCE DE LEON BLVD  
SUITE 1005A  
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 PORTER, STARR  
Address 2020 PONCE DE LEON BLVD STE  
1005A  
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:** STARR PORTER

MGR

02/09/2023

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

\_\_\_\_\_  
Date