

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M17000006724

**FILED**  
**Apr 09, 2018**  
**Secretary of State**  
**CC4035118432**

**Entity Name:** PORTSMOUTH PB, LLC

**Current Principal Place of Business:**

525 OKEECHOBEE BLVD, SUITE 1000  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

525 OKEECHOBEE BLVD, SUITE 1000  
WEST PALM BEACH, FL 33401 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 MARZILLI, JOSEPH  
Address 525 OKEECHOBEE BLVD, SUITE 1000  
City-State-Zip: WEST PALM BEACH FL 33401

Title MGR  
Name WYNNE, JENNIFER R  
Address 525 OKEECHOBEE BLVD, SUITE 1000  
City-State-Zip: WEST PALM BEACH FL 33401

Title MGR  
Name DUBIEL, DOUGLAS R  
Address 525 OKEECHOBEE BLVD, SUITE 1000  
City-State-Zip: WEST PALM BEACH FL 33401

*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:** JOSEPH MARZILLI

**MANAGER**

**04/09/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date