2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# L00000005867

Entity Name: PORTELA, LLC

Current Principal Place of Business:

12 HIGH MEADOW ROAD NORTH
SADDLE RIVER, NJ 07458

New Principal Place of Business:

Current Mailing Address:

PO BOX 805
SADDLE RIVER, NJ 07458

New Mailing Address:

FEI Number: 58-2559614 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

RAMIREZ, MANUEL
106 WEST BAY DRIVE
COCOA BEACH, FL 32932 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	RAMIREZ, MANUEL	
Address:	12 HIGH MEADOW ROAD NORTH	
City-St-Zip:	SADDLE RIVER, NJ 07458	
Title:	MGR	( ) Delete
Name:	RAMIREZ, JOSE	
Address:	25 KELL AVE	
City-St-Zip:	STATEN ISLAND, NY 10314	
Title:	MGR	( ) Delete
Name:	RIVAS, MANUEL	
Address:	195 BAY STREAM DRIVE	
City-St-Zip:	TOM'S RIVER, NJ 08753	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: MANUEL RAMIREZ MGR 05/01/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date