

2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L02000022857

1. Entity Name
PORTEN RUSSELL, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN 18 PM 12:31

06/18/04

Principal Place of Business
666 SOUTH MILITARY TRAIL
DEERFIELD BEACH, FL 33442

Mailing Address
666 SOUTH MILITARY TRAIL
DEERFIELD BEACH, FL 33442

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03222003

Chg-LLC

CR2E083 (10/03)

4. FEI Number

05-0530370

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHROEDER AND LARCHE, P.A.
120 EAST PALMETTO PARK ROAD, SUITE 150
BOCA RATON, FL 33432

Name Scott Porten

Street Address (P.O. Box Number is Not Acceptable)

666 South Military Trail

City

Deerfield Beach FL

Zip Code

33442

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Scott Porten

5/27/04

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME
MGRM: RUSSELL 315, INC ☒ Delete
STREET ADDRESS
172 NE 2ND AVE
CITY-ST-ZIP
DELRAY BEACH, FL 33444

TITLE NAME
MGRM, PR-PCI, LC ☐ Delete
STREET ADDRESS
666 MILITARY TRL
CITY-ST-ZIP
DEERFIELD BEACH, FL 33442

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

By Scott Porten, Vice Chairman
Porten Holdings, Inc

5/27/04

DATE

Daytime Phone #

954-422-1883