

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000030660

1. Entity Name
PORTA AL MARE, LLC



Principal Place of Business
**160 NE 6TH AVE
DELRAY BEACH, FL 33483**

Mailing Address
**160 NE 6TH AVE
DELRAY BEACH, FL 33483**



01262004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3664078

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE., SUITE 3000
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ROGONDINO, FABIOLA 160 NE 6TH AVE DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CARVALLO, VICTOR 160 NE 6TH AVE DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST CARVALLO, JESUS 160 NE 6TH AVE DELRAY BEACH, FL 33483
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/05/04-80040-019 50.00

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

1/30/04

Date

(561) 330 2773

Daytime Phone #