


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 02, 2007 08:00 A
Secretary of State

DOCUMENT # L03000023288 1. Entity Name PORTEÑAS, LLC	
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Principal Place of Business 13399 BEDFORD MEWS CT WELLINGTON, FL 33414 US	Mailing Address 13399 BEDFORD MEWS CT WELLINGTON, FL 33414 US
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DO NOT WRITE IN THIS SPACE

02282007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-0843014

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

TAYLOR, CECILIA E
13399 BEDFORD MEWS CT
WELLINGTON, FL 33414

**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: _____ (NOTE: Registered Agent signature required when reinstating)

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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TAYLOR, CECILIA E 13419 BEDFORD MEWS CT WELLINGTON, FL 33414
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03/13/07-80083-007 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *X Taylor* **2/28/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #