

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000056479

Entity Name: PORTLAND SERVICES, LLC

FILED  
Apr 21, 2008  
Secretary of State

## Current Principal Place of Business:

14540 SW 136TH STREET  
102  
MIAMI, FL 33186

## New Principal Place of Business:

## Current Mailing Address:

14540 SW 136TH STREET  
SUITE 102  
MIAMI, FL 33186

## New Mailing Address:

14540 SW 136TH STREET  
102  
MIAMI, FL 33186

FEI Number: 20-0586605

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

LOPES, ERNESTO  
14540 SW 136TH STREET, STE. 102  
MIAMI, FL 33186 US

## Name and Address of New Registered Agent:

LOPES, ERNESTO  
14540 SW 136TH STREET,  
102  
MIAMI, FL 33186 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: ERNESTO LOPES

04/21/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: PEREIRA LOPES, ERNESTO  
Address: 14540 SW 136TH STREET SUITE 102  
City-St-Zip: MIAMI, FL 33186

Title: MGRM ( ) Delete  
Name: CAETANO LACERDA, JOSE  
Address: 799 CRANDON BLVD. #703 OCEAN TOWER ONE  
City-St-Zip: MIAMI, FL 33149

## ADDITIONS/CHANGES:

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: ERNESTO LOPES

MNGR

04/21/2008

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