

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

Feb 02, 2004 08:00 AM

Secretary of State

DOCUMENT # L98000001844

1. Entity Name
PORT 1100, L.L.C.



Principal Place of Business
1100 SE 24TH STREET
FORT LAUDERDALE, FL 33335

Mailing Address
P.O. BOX 535
RICHFIELD, OH 44286-0535 US



01132004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0869710

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HEIDGERD, FREDERICK C
600 EST HILLSBORO BLVD., #520
DEERFIELD BEACH, FL 33441-1611

**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
MGRM
PAWUK, EMIL
7000 S.E. LAKEVIEW TERRACE
STUART, FL 34996

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
PAWUK, E. MARK
2958 BRECKSVILLE ROAD
RICHFIELD, OH 442860535

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000028590
02/04/04-80029-019 150.00

**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: By *Emil Pawuk* **Emil Pawuk MGRM 1-27-04 330-659-9393**

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

Date

Daytime Phone #