

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2007 8:00 am**  
**Secretary of State**

01-11-2007 90128 026 \*\*\*\*50.00

**DOCUMENT # L99000006468**

1. Entity Name  
**PORTONYX, L.L.C.**



Principal Place of Business  
**10612 NW 54 STREET  
MIAMI, FL 33178**

Mailing Address  
**10612 NW 54 ST  
MIAMI, FL 33178**

**DO NOT WRITE IN THIS SPACE**



01042007No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**65-0955445**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	PINEIRO, MIGUEL
STREET ADDRESS	10612 NW 54 ST
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

**MIGUEL PINEIRO, MANAGER**

**01-04-07**

**305-7536169**

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

Date

Daytime Phone #

**Division of Corporations****ATTACHMENT****Annual Report**20000601

Annual Report Help

L99000006468

Document Number

**L99000006468**

Business Entity Name

**PORTONYX, L.L.C.**FEI Number **650955445**

FEI Number Status      Listed Above      Applied For      Not Applicable

Certificate of Status Desired      Yes      No      \$5.00 each

**Principal Place of Business**Address **10612 NW 54 STREET**

Suite, Apt. #, etc.

City, State **MIAMI** , FLZip Code & Country **33178****Mailing Address**Address **10612 NW 54 ST**

Suite, Apt. #, etc.

City, State **MIAMI** , FLZip Code & Country **33178****Name and Address of Registered Agent**

Name (Last, First, Middle, Title)

**- OR -**

Business to serve as RA

**C T CORPORATION SYSTEM**Address (PO Box is not acceptable) **1200 SOUTH PINE ISLAND ROAD**

Suite, Apt. #, etc.

City, State **PLANTATION** , FLZip Code & Country **33324**      US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically or be

made with the full knowledge and permission of the individual, otherwise it constitutes  
forgery under s.831.06, Florida Statutes.

**ATTACHMENT****Managing Member/Manager Name and Address**20000601  
L99000006468

Our database can hold a total of six managers or managing members. If you must list more than six managers or managing members, you must download an annual report, list the additional managers or managing members on an attachment, and submit the filing in paper form along with the appropriate fees.

Title MGR  
Name (Last, First, Middle, Title) PINEIRO, MIGUEL, ,

- OR -

Entity Name to serve as MGR or  
MGRM

Street Address 10612 NW 54 ST  
City, State MIAMI, FL  
Zip Code & Country 33178

Title  
Name (Last, First, Middle, Title) , , ,

- OR -

Entity Name to serve as MGR or  
MGRM

Street Address  
City, State  
Zip Code & Country

Title  
Name (Last, First, Middle, Title) , , ,

- OR -

Entity Name to serve as MGR or  
MGRM

Street Address  
City, State  
Zip Code & Country

Title  
Name (Last, First, Middle, Title) , , ,

- OR -

Entity Name to serve as MGR or  
MGRM

Street Address  
City, State

Zip Code &amp; Country

Title

Name (Last, First, Middle, Title)

**- OR -**Entity Name to serve as MGR or  
MGRM

Street Address

City, State

Zip Code &amp; Country

Title

Name (Last, First, Middle, Title)

**- OR -**Entity Name to serve as MGR or  
MGRM

Street Address

City, State

Zip Code &amp; Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Managing Member/Manager Signature' block below. A business entity name is not allowed in this block.

Title

MGR

Managing Member/Manager Signature

                    

The individual "signing" this document affirms that the facts stated herein are true.

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