

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000118454

**Entity Name:** PORT PARTNER, LLC

**Current Principal Place of Business:**

3802 NE 207TH STREET, SUITE 802  
AVENTURA,, FL 33180

**Current Mailing Address:**

3802 NE 207TH STREET, SUITE 802  
AVENTURA,, FL 33180 US

**FEI Number:** 45-3613303

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PAUL FELDMAN, P.A.  
2750 NE 185TH STREET, SUITE 303  
AVENTURA, FL 33180 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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name YBD KASSAB CORP  
Address 3802 NE 207TH STREET, SUITE 802  
City-State-Zip: AVENTURA FL 33180

Title MGRM  
Name GRAD, SHRAGA  
Address C/O DAVID GILMOUR CPA  
9301 OAKDALE AVE #105  
City-State-Zip: CHATSWORTH CA 91311

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SASSON KASSAB

MGRM

01/28/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date