## 2025 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 203 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

Date

FILED Jan 16, 2025

**Secretary of State** 

1911578301CC

Authorized Person(s) Detail:

Title MGRM Title MGRM

Name YBD KASSAB CORP Name GRAD, SHRAGA

Address 3802 NE 207TH STREET, SUITE 802 Address C/O DAVID GILMOUR CPA

9301 OAKDALE AVE #105

City-State-Zip: AVENTURA FL 33180

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 MANAGER MEMBER 01/16/2025

Electronic Signature of Signing Authorized Person(s) Detail