

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000050325

**Entity Name:** PORTER INVESTMENTS GP, LLC

**Current Principal Place of Business:**

C/O DREW LEEMAN  
479 NE 30TH STREET #903  
MIAMI, FL 33137

**FILED**  
**Apr 29, 2015**  
**Secretary of State**  
**CC6853577948**

**Current Mailing Address:**

C/O DREW LEEMAN  
479 NE 30TH STREET #903  
MIAMI, FL 33137 US

**FEI Number:** 20-2140799

**Certificate of Status Desired:** No

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

FORSHEE & LOCKWOOD, P.A.  
220 MIRACLE MILE  
SUITE 221  
CORAL GABLES, FL 33134 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           MANAGER  
Name           LEEMAN, DREW  
Address       479 NE 30TH STREET  
                  #903  
City-State-Zip: MIAMI FL 33137

Title           MANAGER  
Name           LEEMAN, SHANNON TRUSTEE  
Address       479 NE 30TH STREET  
                  #903  
City-State-Zip: MIAMI FL 33137

Title           MANAGER  
Name           PORTER, STARR TRUSTEE  
Address       2170 JACKSON STREET  
                  #4  
City-State-Zip: SAN FRANCISCO CA 94115

*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:** DREW LEEMAN

**MGR**

**04/29/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date