

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000067486

**Entity Name:** PORTER RP HOLDINGS, LLC

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 26-1619572

**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           TRUSTEE, PORTER 2011 ST IRREV  
                  TRUST  
Name           PORTER, STARR  
Address        2170 JACKSON STREET  
                  #4  
City-State-Zip: SAN FRANCISCO CA 94115

Title           TRUSTEE, PORTER 2011 SH IRREV  
                  TRUST  
Name           LEEMAN, SHANNON  
Address        479 NE 30TH STREET  
                  #903  
City-State-Zip: MIAMI FL 33137

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** STARR PORTER

TRUSTEE, PORTER 2011   04/26/2013  
ST IRREV TRUST

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

\_\_\_\_\_  
Date