

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000121798

Entity Name: PORTA PIA LLC**Current Principal Place of Business:**18101 COLLINS AVENUE
4006
SUNNY ISLES BEACH, FL 33160**Current Mailing Address:**21218 ST. ANDREWS BLVD.
#315
BOCA RATON, FL 33433 US**FEI Number:** 45-4017356**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SALEH BABUM, VICTOR
18101 COLLINS AVENUE
4006
SUNNY ISLES BEACH, FL 33160 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 SALEH BABUM, VICTOR
Address 18101 COLLINS AVENUE, # 4006
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title MGRM
Name SELMAN KERESTEDJIAN, NADIA
Address 18101 COLLINS AVENUE, # 4006
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title MGRM
Name SALEH SELMAN, VICTOR
Address 18101 COLLINS AVENUE, # 4006
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title MGRM
Name SALEH SELMAN, CARLA
Address 18101 COLLINS AVENUE, # 4006
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title MGRM
Name SALEH SELMAN, JAVIERA
Address 18101 COLLINS AVENUE, # 4006
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title MGRM
Name SALEH SELMAN, JOSE TOMAS
Address 18101 COLLINS AVENUE
4006
City-State-Zip: SUNNY ISLES BEACH FL 33160

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: VICTOR SALEH BABUM

MGR

02/11/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date