

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000121798

**Entity Name:** PORTA PIA LLC

**Current Principal Place of Business:**

21218 ST. ANDREWS BLVD.  
#315  
BOCA RATON, FL 33433

**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  
21218 ST. ANDREWS BLVD.  
#315  
BOCA RATON, FL 33433 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, #1604  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title MGRM  
Name SELMAN KERESTEDJIAN, NADIA  
Address 18101 COLLINS AVENUE, #1604  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title MGRM  
Name SALEH SELMAN, VICTOR  
Address 18101 COLLINS AVENUE, #1604  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title MGRM  
Name SALEH SELMAN, CARLA  
Address 18101 COLLINS AVENUE, #1604  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title MGRM  
Name SALEH SELMAN, JAVIERA  
Address 18101 COLLINS AVENUE, #1604  
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:** SALEH BABUM VICTOR

MGRM

01/26/2016

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

\_\_\_\_\_  
Date