## 2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000121798

**Entity Name: PORTA PIA LLC** 

**Current Principal Place of Business:** 

18101 COLLINS AVENUE #1604

SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:** 

18101 COLLINS AVENUE #1604

SUNNY ISLES BEACH, FL 33160 US

FEI Number: 45-4017356 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SALEH BABUM, VICTOR 18101 COLLINS AVENUE #1604

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

**FILED** Jan 30, 2013

**Secretary of State** 

CC4556516611

Authorized Person(s) Detail:

Title **MGRM** Title **MGRM** 

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

Title MGRM Title MGRM

Name SALEH SELMAN, CARLA Name SALEH SELMAN, VICTOR

Address 18101 COLLINS AVENUE, #1604 Address 18101 COLLINS AVENUE, #1604 City-State-Zip: SUNNY ISLES BEACH FL 33160 SUNNY ISLES BEACH FL 33160 City-State-Zip:

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