

2018 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, # 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: SALEH BABUM VICTOR

MGRM

03/12/2018

Electronic Signature of Signing Authorized Person(s) Detail_____
Date