

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000121097

**Entity Name:** PPAM OPERA, LLC

**Current Principal Place of Business:**

1750 N BAYSHORE DRIVE  
2905  
MIAMI, FL 33132

**FILED**  
**Jan 13, 2015**  
**Secretary of State**  
**CC1245379617**

**Current Mailing Address:**

500 BAYVIEW DRIVE  
220  
SUNNY ISLES BEACH, FL 33160 US

**FEI Number:** 32-0446434

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MINONES, CLAUDIO A  
500 BAYVIEW DRIVE  
220  
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 MGR  
Name DAMIANI, GRACIELA P  
Address 1750 N BAYSHORE DRIVE # 2905  
City-State-Zip: MIAMI FL 33132

Title AMBR  
Name DAMIANI, MARIA A  
Address 1750 N BAYSHORE DRIVE # 2905  
City-State-Zip: MIAMI FL 33132

Title AMBR  
Name DAMIANI, MARTIN I  
Address 1750 N BAYSHORE DRIVE # 2905  
City-State-Zip: MIAMI FL 33132

Title AMBR  
Name DAMIANI, PAULA B  
Address 1750 N BAYSHORE DRIVE # 2905  
City-State-Zip: MIAMI FL 33132

Title MGR  
Name MINONES, CLAUDIO A  
Address 500 BAYVIEW DRIVE  
220  
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:** CLAUDIO A MINONES

**MANAGER**

**01/13/2015**

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

\_\_\_\_\_  
Date