

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000193133

**Entity Name:** 45 ANTILLA PPP, LLC

**Current Principal Place of Business:**

7641 SW 55 AVE  
APT A  
MIAMI, FL 33143

**FILED**  
**Jan 05, 2015**  
**Secretary of State**  
**CC3902842337**

**Current Mailing Address:**

7641 SW 55 AVE  
APT A  
MIAMI, FL 33143

**FEI Number:** 47-2593921

**Certificate of Status Desired:** No

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

FLORES, PETER M  
7641 SW 55 AVE  
APT A  
MIAMI, FL 33143 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            AMBR  
Name            FLORES, PETER M  
Address        7641 SW 55 AVE, APT A  
City-State-Zip: MIAMI FL 33143

Title            AMBR  
Name            KHOURY, PATRICK  
Address        7641 SW 55 AVE, APT A  
City-State-Zip: MIAMI FL 33143

Title            AUTHORIZED MEMBER  
Name            BIRCH, PATRICIA J  
Address        12945 SW 113 CT  
City-State-Zip: MIAMI FL 33176

*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:** PATRICIA J. BIRCH

AMBR

01/05/2015

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

\_\_\_\_\_  
Date