

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000030303

Entity Name: P.P.A., LLC

**FILED**  
**Mar 12, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

18911 COLLINS AVE.  
#803  
SUNNY ISLES, FL 33160

**New Principal Place of Business:**

18911 COLLINS AVE.  
#3006  
SUNNY ISLES, FL 33160

**Current Mailing Address:**

18911 COLLINS AVE.  
#803  
SUNNY ISLES, FL 33160

**New Mailing Address:**

18911 COLLINS AVE.  
#3006  
SUNNY ISLES, FL 33160

FEI Number: 20-0160959

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NIVORO, FELICIA P  
18911 COLLINS AVE.  
#803  
SUNNY ISLES, FL 33160 US

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

NIVORO, FELICIA P  
18911 COLLINS AVE.  
#3006  
SUNNY ISLES, 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: FELICIA P NIVORO

03/12/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: APOLLON, PIERRE R  
Address: 10711 SW 61ST AVENUE  
City-St-Zip: PINECREST, FL 33156

Title: MGRM  
Name: PLATT, ANDREW  
Address: 43 BRADDRICK LANE  
City-St-Zip: ALLENDALE, NJ 07401

Title: MGRM  
Name: NIVORO, FELICIA P  
Address: 18911 COLLINS AVE. #3006  
City-St-Zip: SUNNY ISLES, FL 33160

I hereby certify that the information indicated on this 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.

SIGNATURE: FELICIA NIVORO

MGRM

03/12/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date