

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000030303

Entity Name: P.P.A., LLC

**FILED**  
**Jan 20, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

18911 COLLINS AVE.  
#3006  
SUNNY ISLES, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

18911 COLLINS AVE.  
#3006  
SUNNY ISLES, FL 33160

**New Mailing Address:**

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.  
#3006  
SUNNY ISLES, FL 33160 US

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

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

**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

01/20/2011

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