

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000120278

FILED
Apr 11, 2011
Secretary of State

Entity Name: ARHMF PROTECTOR, LLC

Current Principal Place of Business:

2525 PONCE DE LEON BLVD
STE 1225
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2525 PONCE DE LEON BLVD
STE 1225
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INTERAMERICAN CORPORATE SERVICES LLC
2525 PONCE DE LEON BLVD
STE 1225
CORAL GABLES, FL 33134 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: MGR
Name: HERNANDEZ, PATRICIA M
Address: 2525 PONCE DE LEON BLVD - STE 1225
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR
Name: AVILA, ALCIDES I
Address: 2525 PONCE DE LEON BLVD - STE 1225
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR
Name: FERRI, MARCO
Address: 2525 PONCE DE LEON BLVD - STE 1225
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR
Name: BARRETO TERCILLA, MAGGIE
Address: 2525 PONCE DE LEON BLVD - STE 1225
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR
Name: GARRO, ASNARDO
Address: 2525 PONCE DE LEON BLVD - STE 1225
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR
Name: MENA, DANIEL O
Address: 2525 PONCE DE LEON BLVD - STE 1225
City-St-Zip: CORAL GABLES, FL 33134

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: ALCIDES I. AVILA

MGR

04/11/2011

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