2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2014
Secretary of State
CC6594800972

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Entity Name: ARHMF PROTECTOR, LLC

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INTERAMERICAN CORPORATE SERVICES LLC
2525 PONCE DE LEON BLVD
STE 1225
CORAL GABLES, FL 33134 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	Title	MGR
Name	HERNANDEZ, PATRICIA M	Name	AVILA, ALCIDES I
Address	2525 PONCE DE LEON BLVD - STE 1225	Address	2525 PONCE DE LEON BLVD - STE 1225
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134
Title	MGR	Title	MGR
Name	FERRI, MARCO	Name	BARRETO TERCILLA, MAGGIE
Address	2525 PONCE DE LEON BLVD - STE 1225	Address	2525 PONCE DE LEON BLVD - STE 1225
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134
Title	MGR	Title	MGR
Name	GARRO, ASNARDO	Name	MENA, DANIEL O
Address	2525 PONCE DE LEON BLVD - STE 1225	Address	2525 PONCE DE LEON BLVD - STE 1225
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134

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 M. HERNANDEZ MGR 02/10/2014

Electronic Signature of Signing Authorized Person(s) Detail — Date