

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000120278

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
Name HERNANDEZ, PATRICIA M
Address 2525 PONCE DE LEON BLVD - STE 1225
City-State-Zip: CORAL GABLES FL 33134

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

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

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

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

Title MGR
Name MENA, DANIEL O
Address 2525 PONCE DE LEON BLVD - STE 1225
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**MANAGER****02/19/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date