

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000049835

**Entity Name:** BLUE ARCH ADVISORS, LLC

**Current Principal Place of Business:**

2999 N.E. 191 STREET  
SUITE 906  
AVENTURA, FL 33180

**Current Mailing Address:**

2999 N.E. 191 STREET  
SUITE 906  
AVENTURA, FL 33180

**FEI Number:** 46-2463838

**Certificate of Status Desired:** No

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

HERMON, GIL  
2999 N.E. 191 STREET  
SUITE 906  
AVENTURA, FL 33180 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 MD  
Name HERMON, GIL M  
Address 2999 NE 191 ST., SUITE 906  
City-State-Zip: AVENTURA FL 33180

*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:** GIL HERMON

**MANAGER**

**01/22/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date