

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000015555

**FILED**  
**Mar 29, 2011**  
**Secretary of State**

**Entity Name:** ALPERN FINANCIAL SERVICES, LLC

**Current Principal Place of Business:**

440 COLUMBIA DRIVE  
300  
WEST PALM BEACH, FL 334091801 US

**New Principal Place of Business:**

**Current Mailing Address:**

440 COLUMBIA DRIVE  
300  
WEST PALM BEACH, FL 334091801 US

**New Mailing Address:**

**FEI Number:** 20-0780018

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CASS, MARTIN  
440 COLUMBIA DRIVE  
500  
WEST PALM BEACH, FL 334091801 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:** CASS, MARTIN  
**Address:** 440 COLUMBIA DRIVE, SUITE 500  
**City-St-Zip:** WEST PALM BEACH, FL 334091801 US

**Title:** MGR  
**Name:** LEVY, HOWARD S  
**Address:** 440 COLUMBIA DRIVE, SUITE 500  
**City-St-Zip:** WEST PALM BEACH, FL 334091801 US

**Title:** MGR  
**Name:** LEONE, MICHAEL S  
**Address:** 440 COLUMBIA DRIVE, SUITE 500  
**City-St-Zip:** WEST PALM BEACH, FL 33409

**Title:** MGR  
**Name:** ALPERN ROSENTHAL FINANCIAL SERVICES, LLC  
**Address:** 2206 HASSINGER LANE  
**City-St-Zip:** GLENSHAW, PA 15116

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:** MARTIN CASS

MGRM

03/29/2011

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