

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000004720

FILED
Apr 17, 2009
Secretary of State

Entity Name: ALPERN ROSENTHAL FINANCIAL SERVICES, LLC

Current Principal Place of Business:

2206 HASSINGER LANE
GLENSHAW, PA 15116

New Principal Place of Business:

Current Mailing Address:

2206 HASSINGER LANE
GLENSHAW, PA 15116

New Mailing Address:

FEI Number: 04-3615157

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASS, MARTIN
440 COLUMBIA DRIVE STE 500
WEST PALM BEACH, FL 33409 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 () Delete
Name: PAUL, ALEXANDER
Address: 339 SIXTH AVE HEINZ 57 CENTER
City-St-Zip: PITTSBURGH, PA 15222

Title: MGR () Delete
Name: CHARNOCK, DAVID A
Address: 339 SIXTH AVE HEINZ 57 CENTER
City-St-Zip: PITTSBURGH, PA 15222

Title: MGR () Delete
Name: COLAMARINO, ARTHUR P
Address: 339 SIXTH AVE HEINZ 57 CENTER
City-St-Zip: PITTSBURGH, PA 15222

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: DAVID A. CHARNOCK

MGR

04/17/2009

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