

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000004039

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** AIRAMID FINANCIAL SERVICES LLC

**Current Principal Place of Business:**

1675 PALM BEACH LAKES BOULEVARD  
SUITE 900  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

1675 PALM BEACH LAKES BOULEVARD  
SUITE 900  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

**FEI Number:** 27-0745636

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPECTOR GADON & ROSEN, LLP  
360 CENTRAL AVENUE, SUITE 1550  
ST. PETERSBURG, FL 33701 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  
**Name:** AIRAMID HEALTH SERVICES LLC  
**Address:** 1675 PALM BEACH LAKES BOULEVARD, SUITE 900  
**City-St-Zip:** WEST PALM BEACH, FL 33401

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: DEBRA HOWE

MGR

04/26/2011

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