


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
May 03, 2007 08:00 AM  
Secretary of State

<b>DOCUMENT # L05000008451</b> 1. Entity Name ATLANTIC ALARM SYSTEMS OF FLORIDA, LLC	
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<b>Principal Place of Business</b> 13965 COLLIER BLVD NAPLES, FL 34119-153 US	<b>Mailing Address</b> 13965 COLLIER BLVD NAPLES, FL 34119-153 US
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**DO NOT WRITE IN THIS SPACE**



03092007 No Chg-LLC CR2E083 (11/05)

4. FBI Number 20-2226290	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

WIEDER, ED  
325 N KROME AVE  
HOMESTEAD, FL 33030

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$60.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SOBEL, RAYMOND 13965 COLLIER BLVD NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WIEDER, EDWARD 27321 SW 164 CT HOMESTEAD, FL 33031
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05/24/07-80010-002 150.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_