


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000008451
 1. Entity Name
 ATLANTIC ALARM SYSTEMS OF FLORIDA, LLC



Principal Place of Business 13965 COLLIER BLVD NAPLES, FL 34119--153 US	Mailing Address 13965 COLLIER BLVD NAPLES, FL 34119--153 US
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DO NOT WRITE IN THIS SPACE



04282008No Chg-LLC CR2E083 (12/07)

4. FEI 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 registering) _____ DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000936842
 05/27/08-80025-013 138.75

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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: Ed Wieder **4-28-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #