


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90306 008 ****50.00

DOCUMENT # L00000004620	
1. Entity Name ALARM COMMUNICATION TECHNOLOGIES, L.L.C.	

Principal Place of Business 6131 LYONS ROAD SUITE 200 COCONUT CREEK, FL 33073	Mailing Address 3111 UNIVERSITY DR., SUITE 610 CORAL SPRINGS, FL 33065
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20005193



2. Principal Place of Business - No P.O. Box #	3. Mailing Address 6131 Lyons Road
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 200
City & State	City & State Coconut Creek, FL
Zip	Zip 33073
Country	Country USA

01152007 Chg-LLC CR2E083 (12/06)

4. FEI Number 65-1007174	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HODKIN, PETER M 4901 N.W. 17 WAY #504 FORT LAUDERDALE, FL 33309	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZUCKERMAN, ANDREW 3111 UNIVERSITY DR., SUITE 610 CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6131 Lyons Road #200 Coconut Creek, FL 33073 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 _____

ANDREW ZUCKERMAN

2/21/07

954-481-3700