

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90103 016 ***138.75

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

**6131 LYONS ROAD
SUITE 200
COCONUT CREEK FL 33073**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number **65-1007174**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HODKIN, PETER M
4901 N.W. 17 WAY #504
FORT LAUDERDALE FL 33309**

Name

ANDREW ZUCKERMAN

Street Address (P.O. Box Number is Not Acceptable)

6131 LYONS ROAD

SUITE 200

City

COCONUT CREEK

FL

Zip Code
33073

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

Signature typed or printed name of registered agent and title if applicable

ANDREW ZUCKERMAN

(NOTE: Registered Agent's signature required when rotating)

2/18/08

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
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
6131 LYONS RD STE 200
COCONUT CREEK FL 33073**

☐ Delete

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 Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

ANDREW ZUCKERMAN

Date

2/18/08

Daytime Phone #