



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90075 033 *****50.00

DOCUMENT # L04000056645 1. Entity Name ALARM TRUST DEALER ALLIANCE, LLC					
Principal Place of Business 2126 HOLLYWOOD BOULEVARD HOLLYWOOD, FL 33020 US			Mailing Address 2126 HOLLYWOOD BOULEVARD HOLLYWOOD, FL 33020 US		
2. Principal Place of Business - No P.O. Box # 2723 HOLLYWOOD BLVD Suite, Apt. #, etc. REAR		3. Mailing Address 2723 HOLLYWOOD BLVD Suite, Apt. #, etc. REAR		<div style="font-size: 24pt; font-weight: bold; transform: rotate(-10deg);">60021200</div> 	
City & State HOLLYWOOD FLA		City & State HOLLYWOOD FLA			
Zip 33020		Zip 33020			
Country USA		Country USA			
4. FEI Number 20-5313921				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				03012007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent LEVITT, DAVID 2126 N.W. 75 WAY PEMBROKE PINES, FL 33024					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEVITT, DAVID 2126 N.W. 75 WAY PEMBROKE PINES, FL 33024 <div style="text-align: right;"><input type="checkbox"/> Delete</div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DALTON, SHANE 18003 - 108TH AVENUE N.W. BOTHELL, WA 98011 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>				
10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>				
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: <i>David Levitt</i> DAVID LEVITT 2/29/07 954-923-0505 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					