

L05000040308

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

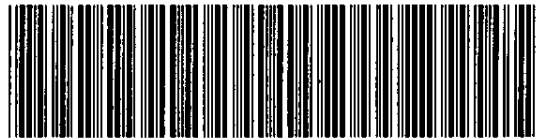
Special Instructions to Filing Officer:

L. SELLERS

DEC 31 2009

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SECRETARY OF STATE
FALLAHASSEE FLORIDA

09 DEC 30 AM 9:59

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALARMAS ABC USA, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Aguirre Leon, Luis

Name of Person


Firm/Company

1280 S Powerline Road, Suite # 5

Address

Pompano Beach , Florida 33069

City/State and Zip Code

aguirrel@alarmasabc.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luis Aguirre

Name of Person

at (954)

283-8399

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 11, 2009

LUIS AGUIRRE LEON
1280 SOUTH POWERLINE ROAD
STE. 5
POMPANO BEACH, FL 33069

SUBJECT: ALARMAS ABC USA, LLC
Ref. Number: L05000040308

We have received your document for ALARMAS ABC USA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 309A00037907

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Alarmas ABC USA, LLC

2. (a) Principal office address of limited liability company: 1280 S Powerline Road Suite #5
 (Note: **MUST BE STREET ADDRESS**) Pompano Beach, Florida 33069

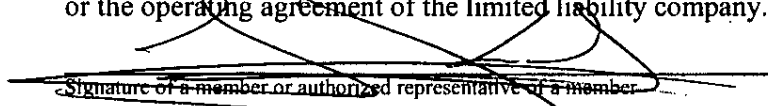
(b) Mailing address of limited liability company: 1280 S Powerline Road Suite # 5
 (Note: **MAY BE POST OFFICE BOX**) Pompano Beach, Florida 33069

March 24, 2009 L05000040308
3. Date of filing/registration in Florida 4. Document number

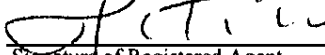
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent: Hunter, Natalia
Registered Office Address: 650 South Military Trail
Pompano Beach, Florida 33442

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
NEW Registered Agent: Hunter, Natalia
NEW Registered Office Address: 1280 S. Powerline Road, suite # 5
(MUST BE FLORIDA STREET ADDRESS) Pompano Beach, FL 33069

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


Signature of a member or authorized representative of a member
Luis Leon Aguirre
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

FILED
DEC 30 AM 9:58
TALLHASSEE FLORIDA
SECRETARY OF STATE