

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90201 027 ****50.00

DOCUMENT # L06000008818

1. Entity Name
ALERT FLAGS, LLC



Principal Place of Business
134 NW 16TH ST. SUITE 7
BOCA RATON, FL 33432 US

Mailing Address
134 NW 16TH ST. SUITE 7
BOCA RATON, FL 33432 US

60013248



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

20-4186239

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BRUGGMANN, ROLF W
125 NW 13TH STREET
SUITE B-2
BOCA RATON, FL 33432

Name **DR. HANS REINISCH**

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

134 NW 16 ST. SUITE 7

City **BOCA RATON**

FL

Zip **33432**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/30/07

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 MGRM
NAME BRUGGMANN, ROLF W
STREET ADDRESS 1901 S. OCEAN BLVD., # 301
CITY-ST-ZIP BOCA RATON, FL 33432 ☒ Delete

TITLE MGRM CEO
NAME **H. HANS REINISCH** ☒ Change ☐ Addition
STREET ADDRESS **134 NW 16 ST. SUITE 7**
CITY-ST-ZIP **BOCA RATON 33432**

TITLE MGRM
NAME CORBIN, RICHARD P
STREET ADDRESS 719 FOXPOINTE CIRCLE
CITY-ST-ZIP DELRAY BEACH, FL 33445 ☒ Delete

TITLE SECRETARY, PARTNER
NAME **SILVIA MOUCKA** ☒ Change ☐ Addition
STREET ADDRESS **4568 WILDEWOOD DRIVE**
CITY-ST-ZIP **DELRAY BEACH 33445**

TITLE MGRM
NAME REINISCH, HANS
STREET ADDRESS 4568 WILDEWOOD DRIVE
CITY-ST-ZIP DELRAY BEACH, FL 33445 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/30/07 561 843089

Date

Daytime Phone #