

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 30, 2008 8:00 am**  
**Secretary of State**

01-30-2008 90093 023 \*\*\*138.75

**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

**60004837**

2. Principal Place of Business - No P.O. Box #  
**134 NW 16th ST.**

3. Mailing Address  
**134 NW 16th ST.**

Suite, Apt. #, etc.  
**SUITE # 6**

Suite, Apt. #, etc.  
**SUITE # 6**

City & State  
**BOCA RATON**

City & State  
**BOCA RATON**

Zip  
**FL 33432**

Zip  
**FL 33432**

01232008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**20-4186239**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BRUGGMANN, ROLF W**  
**134 NW 16TH ST STE 7**  
**SUITE B-2**  
**BOCA RATON, FL 33432**

**7. Name and Address of New Registered Agent**

Name **REINISCH, HANS**  
Street Address (P.O. Box Number is Not Acceptable)  
**4568 WILDEWOOD DR**  
City **DELRAY BEACH** FL Zip Code **33445**

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 **HANS REINISCH**  
Signature, typed or printed name of registered agent and title if applicable

**01-28-08**  
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**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CE  
REINISCH, W. HANS  
134 NW 16TH ST STE 7  
BOCA RATON, FL 33432 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SP  
MOUCKA, SILVIA  
4568 WILDEWOOD DR  
DELRAY BEACH, FL 33445 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRESIDENT** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TREASURER** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SECRETARY** ☐ Change ☒ Addition  
**REINISCH, MANUELA**  
**4568 WILDEWOOD DR**  
**DELRAY BEACH, FL 33445**

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

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

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

**01-28-08 561-843-0098**  
Date Daytime Phone #