


**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*

City & State  
*BOCA RATON*

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* DATE *01-28-08*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SP MOUCKA, SILVIA 4568 WILDEWOOD DR DELRAY BEACH, FL 33445 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY REINISCH, MANUELA 4568 WILDEWOOD DR DELRAY BEACH, FL 33445 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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* DATE *01-28-08* DAYTIME PHONE # *561-843-0099*

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