

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

5/ Jul 09, 2008 8:00 am
Secretary of State

05-23-2008 90161 002 ***138.75

DOCUMENT # L08000000256

1. Entity Name
HOMEFRONT ALARMS, LLC



Principal Place of Business
10325 TRAILWOOD CIR
JUPITER, FL 33478

Mailing Address
10325 TRAILWOOD CIR
JUPITER, FL 33478

30010237



2. Principal Place of Business - No P.O. Box #
1199 Pine St. Suite 106
Suite, Apt. #, etc. 106

3. Mailing Address
1199 Pine St.
Suite, Apt. #, etc. 106

04182008 Chg-LLC CR2E083 (12/06)

City & State
Daytona Beach, FL
Zip 32119 Country USA

City & State
Daytona Beach, FL
Zip 32119 Country USA

4. EEI Number 261638299 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

CHEESEMAN, WAYNE A
10325 TRAILWOOD CIR
JUPITER, FL 33478

7. Name and Address of New Registered Agent

Name Michael Krevat
Street Address (P.O. Box Number is Not Acceptable)
1199 Pine St. Suite 106
City Daytona Beach FL Zip Code 32119

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] DATE 6/30/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

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

10. ADDITIONS/CHANGES

TITLE MGRM
NAME CHEESEMAN, ANNA N
STREET ADDRESS 10325 TRAILWOOD CIR
CITY-ST-ZIP JUPITER, FL 33478 ☒ Delete

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

TITLE MGRM
NAME KREVAT, MICHAEL K
STREET ADDRESS 1199 PINE ST UNIT 106
CITY-ST-ZIP DAYTONA BEACH, FL 32119 ☐ Delete

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

TITLE MGRM
NAME CHEESEMAN, WAYNE A
STREET ADDRESS 10325 TRAILWOOD CIR
CITY-ST-ZIP JUPITER, FL 33478 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
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] DATE 6/30/08 561 427 8560
Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #



ATTACHMENT

30040237

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 2, 2008

MYCORPORATION BUSINESS SERVICES, INC.
26520 AGOURA ROAD
CALABASAS, CA 91302

The Articles of Organization for HOMEFRONT ALARMS, LLC were filed on December 31, 2007, and assigned document number L08000000256. Please refer to this number whenever corresponding with this office.

The certification you requested is enclosed.

A limited liability annual report/uniform business report will be due this office between January 1 and May 1 of the year following the calendar year of the file date. A Federal Employer Identification (FEI) number may be required before this report can be filed. Please apply NOW with the Internal Revenue Service by calling 1-800-829-4933 and requesting form SS-4.

Please be aware if the limited liability company address changes, it is the responsibility of the limited liability to notify this office.

Should you have any questions regarding this matter, please contact this office at the address given below.

Gina McLeod
Regulatory Specialist II
Registration/Qualification Section
Division of Corporations

Letter Number: 408A00000102