

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000038739

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Entity Name:** PORTABLE ALARM TECHNOLOGIES,LLC

**Current Principal Place of Business:**

1839 LANE AVE. S, BLDG.100  
STE. 108  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

825 CASSAT AVENUE  
JACKSONVILLE, FL 32205

**Current Mailing Address:**

1839 LANE AVE. S, BLDG.100  
STE. 108  
JACKSONVILLE, FL 32210

**New Mailing Address:**

825 CASSAT AVENUE  
JACKSONVILLE, FL 32205

**FEI Number:** 26-3536646

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WARNER, TIMOTHY J  
6055 TRAWICK RD.  
KEYSTONE HEIGHTS, FL 32656 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: WARNER, TIMOTHY J  
Address: 6055 TRAWICK RD.  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: MGRM  
Name: WARNER, MONIQUE  
Address: 6055 TRAWICK RD.  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: MGRM  
Name: CHAPPELL, DAVID L JR.  
Address: 10142 OLD PLANK RD.  
City-St-Zip: JACKSONVILLE, FL 32220

Title: MGRM  
Name: COHEN, EDGAR C  
Address: 5732 JONES CREEK RD.  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: MGRM  
Name: SAMS, MARK A  
Address: 3804 SWEETBRIAR DR.  
City-St-Zip: ORANGE PARK, FL 32073

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** MONIQUE WARNER

MGRM

04/28/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date