

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000091090

**FILED**  
**Apr 08, 2014**  
**Secretary of State**

**Entity Name:** ALARM PROTECTION CENTER LLC

**Current Principal Place of Business:**

2820 SHARON ROAD  
GROVELAND, FL 34736 US

**New Principal Place of Business:**

**Current Mailing Address:**

2820 SHARON ROAD  
GROVELAND, FL 34736 US

**New Mailing Address:**

**FEI Number:** 46-0566031

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JOHNSON, TERRY L CPA  
406 GREYFORD LANE  
CASSELBERRY, FL 32707 US

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

MOREY, ATHENA  
14820 DOGWOOD COVE LANE  
204  
WINTER GARDEN,, FL 34787 US

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: ATHENA MOREY

04/08/2014

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGRM  
Name: BLANKENSHIP, JASON  
Address: 2820 SHARON ROAD  
City-St-Zip: GROVELAND, FL 34736 US

Title: MGRM  
Name: MOREY, ATHENA S  
Address: 2820 SHARON ROAD  
City-St-Zip: GROVELAND, FL 34736 US

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: ATHENA MOREY

MGRM

04/08/2014

Electronic Signature of Authorized Person

Date