

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000001186

FILED
Apr 17, 2008
Secretary of State

Entity Name: US ALERT, LLC

Current Principal Place of Business:

164 W. ROYAL PALM ROAD
BOCA RATON, FL 33342

New Principal Place of Business:

Current Mailing Address:

164 W. ROYAL PALM ROAD
BOCA RATON, FL 33342

New Mailing Address:

FEI Number: 65-0903126

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUBER, RICHARD M PE
164 W. ROYAL PALM ROAD
BOCA RATON, FL 33432 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: MGRM () Delete
Name: BRANNER, DONALD L
Address: 346 NW 110TH TERRACE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: MGRM () Delete
Name: HUBER, RICHARD M
Address: 16300 S POST RD APT 304
City-St-Zip: WESTON, FL 33331

Title: MGRM () Delete
Name: O'SULLIVAN, ROBERT
Address: 13337 KINGSBURY DRIVE
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: HUBER, RICHARD M
Address: 7791 SW 42ND COURT
City-St-Zip: DAVIE, FL 33328

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: RICHARD M. HUBER

MGRM

04/17/2008

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