

2001 UNIFORM BUSINESS REPORT (UBR)

00289005 AF

DOCUMENT # M00000002432

1. Entity Name
ALARM AMERICA LLC

FILED

01 JUN 18 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2506 MT. MORIAH, STE B470
MEMPHIS TN 38115

Mailing Address
2506 MT. MORIAH, STE B470
MEMPHIS TN 38115

2. Principal Place of Business
1311 Westshore Blvd
Suite, Apt. #, etc.
~~#312~~ #312

3. Mailing Address
2506 Mt Moriah
Suite, Apt. #, etc.
B470

City & State
Tampa FL
Zip
33607

City & State
Memphis TN
Zip
38115
Country
Shelby

4. FEI Number 62-1779051

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WRIGHT, WALTER
1311 N. WESTSHORE BLVD., STE 312
TAMPA FL 33607

7. Name and Address of New Registered Agent

Name Mike Burkett
Street Address (P.O. Box Number is Not Acceptable)
1311 N. Westshore Blvd
City Tampa FL Zip Code 33607

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.

SIGNATURE *Mike Burkett* DATE 3/14/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BURKETT, MIKE 2506 MT. MORIAH, STE B470 MEMPHIS TN 38115 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR WRIGHT, WALTER 1311 N. WESTSHORE BLVD., SUITE 312 TAMPA FL 33607 | <input checked="" 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition 300004446723--8 -06/27/01--01006--011 *****50.00 *****50.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 exemption stated in Section 119.07(3)(i), 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: *Mike Burkett*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #

CR2E083 (11/00)