

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000001099

Entity Name: AMP ALARM LLC

FILED
Jun 22, 2009
Secretary of State

Current Principal Place of Business:

86 N UNIVERSITY AVE STE 450
PROVO, UT 84601

New Principal Place of Business:

815 W. 1200 S.
OREM, UT 84058

Current Mailing Address:

86 N UNIVERSITY AVE STE 450
PROVO, UT 84601

New Mailing Address:

815 W. 1200 S.
OREM, UT 84058

FEI Number: 26-1375793 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

INCORP SERVICES INC
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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 () Delete
Name: BOLEN, DAVE
Address: 86 N UNIVERSITY AVE STE 450
City-St-Zip: PROVO, UT 84601

Title: MGR () Delete
Name: LEE, RYAN
Address: 86 N UNIVERSITY AVE STE 450
City-St-Zip: PROVO, UT 84601

Title: MGR () Delete
Name: BOLEN, ALLEN
Address: 86 N UNIVERSITY AVE STE 450
City-St-Zip: PROVO, UT 84601

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BOLEN, DAVE
Address: 815 W. 1200 S.
City-St-Zip: OREM, UT 84058

Title: MGR (X) Change () Addition
Name: LEE, RYAN
Address: 815 W. 1200 S.
City-St-Zip: OREM, UT 84058

Title: MGR (X) Change () Addition
Name: BOLEN, ALLEN
Address: 815 W. 1200 S.
City-St-Zip: OREM, UT 84058

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: DAVE BOLEN

MGR

06/22/2009

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