## 2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000001418

Entity Name: MY ALARM CENTER, LLC

**Current Principal Place of Business:** 

3803 W CHESTER PIKE

SUITE 100

NEWTOWN SQUARE, PA 19073

**Current Mailing Address:** 

3803 W CHESTER PIKE

SUITE 100

NEWTOWN SQUARE, PA 19073 US

FEI Number: 91-2130273 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC. 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:

Electronic Signature of Registered Agent

Date

**FILED** Jan 09, 2014

**Secretary of State** 

CC6736687620

Authorized Person(s) Detail:

Title MGR Title **MGR** 

KOTHARI, AMY PETERSON, SCOTT Name Name Address 3803 W CHESTER PIKE

3803 W CHESTER PIKE Address SUITE 100 SUITE 100

**NEWTOWN SQUARE PA 19073 NEWTOWN SQUARE PA 19073** City-State-Zip: City-State-Zip:

Title

Name STEFFANATO, JOHN 3803 W CHESTER PIKE Address

SUITE 100

**NEWTOWN SQUARE PA 19073** City-State-Zip:

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SCOTT PETERSON

Electronic Signature of Signing Authorized Person(s) Detail

01/09/2014 **CFO** 

Date