

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000093626

**FILED**  
**May 07, 2006**  
**Secretary of State**

**Entity Name:** SETPOINT AUTOMATION, LLC

**Current Principal Place of Business:**

2106 ARBOR WALK CIR  
2916  
NAPLES, FL 34109 US

**New Principal Place of Business:**

9703 OXFORD ST  
NAPLES, FL 34109 US

**Current Mailing Address:**

PO BOX 8271  
NAPLES, FL 34101 US

**New Mailing Address:**

**FEI Number:** 20-4826836      **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:**

GAFFORD, STEVEN A  
2106 ARBOR WALK CIR  
2916  
NAPLES, FL 34109 US

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

GAFFORD, STEVEN A  
9703 OXFORD ST  
NAPLES, FL 34109 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: STEVEN A GAFFORD

05/07/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GAFFORD, STEVEN A  
Address: 2106 ARBOR WALK CIR #2916  
City-St-Zip: NAPLES, FL 34109 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GAFFORD, STEVEN A  
Address: 9703 OXFORD ST  
City-St-Zip: NAPLES, FL 34109 US

I hereby certify that the information supplied with this filing does not qualify for the 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: STEVEN A GAFFORD

MGRM

05/07/2006

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