

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000093626

FILED  
May 02, 2007  
Secretary of State

**Entity Name:** SETPOINT AUTOMATION, LLC

**Current Principal Place of Business:**

9703 OXFORD ST  
NAPLES, FL 34109 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 8271  
NAPLES, FL 34101 US

**New Mailing Address:**

PO BOX 112572  
NAPLES, FL 34108 US

**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  
9703 OXFORD ST  
NAPLES, FL 34109 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: GAFFORD, STEVEN A  
Address: 9703 OXFORD ST  
City-St-Zip: NAPLES, FL 34109 US

**ADDITIONS/CHANGES:**

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: STEVEN A. GAFFORD

MGRM

05/02/2007

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