


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90012 032 ***138.75

DOCUMENT # L07000015711					
1. Entity Name CAME AMERICAS AUTOMATION, LLC					
Principal Place of Business			Mailing Address		
1560 SAWGRASS CORPORATE PARKWAY, 4TH FLOOR SUNRISE, FL 33323			1560 SAWGRASS CORPORATE PARKWAY, 4TH FLOOR SUNRISE, FL 33323		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
11405 NW 122nd Street		2525 Ponce de Leon Blvd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
		Suite 1225			
City & State		City & State		4. FEI Number	
Medley, Florida		Coral Gables, FL		92-0195836	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
33178		33134			
Country		Country			
U.S.A.		USA			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410			Name Interamerican Corporate Services LLC		
			Street Address (P.O. Box Number is Not Acceptable) 2525 Ponce de Leon Blvd		
			Suite 1225		
			City Coral Gables		
			FL		
			Zip Code 33134		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE		Marco Ferri, Manager		4-16-08	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent Signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WISE, WINSLOW		NAME		
STREET ADDRESS	140 BONAVENTURE BLVD.		STREET ADDRESS		
CITY-ST-ZIP	WESTON, FL 33326		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TESSER, ADRIANO		NAME		
STREET ADDRESS	1560 SAWGRASS CORPORATE PARKWAY, 4TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE, FL 33323		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MENÜZZO, ANDREA		NAME		
STREET ADDRESS	1560 SAWGRASS CORPORATE PARKWAY, 4TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE, FL 33323		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: M. Ferri			4/21/2008		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		
			Daytime Phone #		