

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000015711

FILED
Apr 20, 2009
Secretary of State

Entity Name: CAME AMERICAS AUTOMATION, LLC

Current Principal Place of Business:

11405 NW 122ND STREET
MEDLEY, FL 33178

New Principal Place of Business:

Current Mailing Address:

2525 PONCE DE LEON BLVD
MIAMI, FL 33134

New Mailing Address:

FEI Number: 92-0195836

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INTERAMERICAN CORPORATE SERVICES LLC
2525 PONCE DE LEON BLVD
SUITE 1225
MIAMI, FL 33134 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: WISE, WINSLOW
Address: 140 BONAVENTURE BLVD.
City-St-Zip: WESTON, FL 33326

Title: MGR () Delete
Name: TESSER, ADRIANO
Address: 1560 SAWGRASS CORPORATE PARKWAY, 4TH FLOOR
City-St-Zip: SUNRISE, FL 33323

Title: MGR () Delete
Name: MENUZZO, ANDREA
Address: 1560 SAWGRASS CORPORATE PARKWAY, 4TH FLOOR
City-St-Zip: SUNRISE, FL 33323

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WINSLOW WISE

MGR

04/20/2009

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