

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000093626

**Entity Name:** SETPOINT AUTOMATION, LLC

**Current Principal Place of Business:**

4180 10TH AVE SE  
NAPLES, FL 34117

**Current Mailing Address:**

13260 IMMOKALEE ROAD  
SUITE 672  
NAPLES, FL 34120 US

**FEI Number:** 20-4826836

**Certificate of Status Desired:** No

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

GAFFORD, STEVEN A  
4180 10TH AVE SE  
NAPLES, FL 34117 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

**Authorized Person(s) Detail :**

Title	MGRM	Title	AUTHORIZED MEMBER
Name	GAFFORD, STEVEN A	Name	GAFFORD, STETSON S
Address	4180 10TH AVE SE	Address	4180 10TH AVE SE
City-State-Zip:	NAPLES FL 34117	City-State-Zip:	NAPLES FL 34117

*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:** STEVEN A. GAFFORD

**PRESIDENT**

**04/21/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date