

**2020 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:**

15275 COLLIER BLVD #201-290  
NAPLES, FL 34119 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  
Name GAFFORD, STEVEN A  
Address 4180 10TH AVE SE  
City-State-Zip: NAPLES FL 34117

Title AUTHORIZED MEMBER  
Name GAFFORD, ROBIN CODDINGTON  
Address 4180 10TH AVE SE  
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**

**04/01/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date