

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000025424

Entity Name: DARBY AUTOMATION, LLC

FILED  
Oct 25, 2006  
Secretary of State

## Current Principal Place of Business:

97 PIN OAK WAY  
FALMOUTH, MA 02540

## New Principal Place of Business:

BOX 739 114 BAXTER RD.  
SIASCONSET, MA 02564 US

## Current Mailing Address:

97 PIN OAK WAY  
FALMOUTH, MA 02540

## New Mailing Address:

BOX 739  
SIASCONSET, MA 02564 US

FEI Number: 47-0889798

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: KIMBERLY B. MORET

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: DARBY, CHARLES  
Address: BOX 739  
City-St-Zip: SIASCONSET, MA 02564

Title: MGRM ( ) Delete  
Name: DARBY, KEVIN  
Address: PO BOX 739  
City-St-Zip: SIASCONSET, MA 02564

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: DARBY, CHARLES  
Address: BOX 739 114 BAXTER RD.  
City-St-Zip: SIASCONSET, MA 02564 US

Title: MGRM (X) Change ( ) Addition  
Name: DARBY, KEVIN  
Address: BOX 739 114 BAXTER RD.  
City-St-Zip: SIASCONSET, MA 02564 US

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLES DARBY

MGRM

10/25/2006

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