

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000012666

FILED
Oct 13, 2008
Secretary of State

Entity Name: NORTHLAND AUTOMATION, LLC

Current Principal Place of Business:

1725 MAIN STREET
SUITE 209
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

2655 LE JEUNE RD
SUITE 609
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 91-2190283 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ARISTA, EDUCARDO R ESQ
2655 LE JEUNE RD
SUITE 515
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

ARISTA, EDUARDO R ESQ
2655 LE JEUNE RD
SUITE 515
CORAL GABLES, FL 33134 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: ARISTA EDUARDO R

10/13/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SHIERA, ABRAHAM
Address: 1725 MAIN STREET, SUITE 209
City-St-Zip: WESTON, FL 33326

Title: MGR () Delete
Name: LA MANNA, GIUSEPPE
Address: 1725 MAIN STREET, SUITE 209
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES:

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: SHIERA ABRAHAM

MGR

10/13/2008

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