


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000002929	
1. Entity Name AXIOM AUTOMATION, LLC	

Principal Place of Business 5437 59TH ST. N. TAMPA, FL 33610 US	Mailing Address 5437 59TH ST. N. TAMPA, FL 33610 US
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01082008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0613104	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MALOTT, MICHAEL L
 8525 QUAIL RUN DRIVE
 WESLEY CHAPEL, FL 33544

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MALOTT, MICHAEL L 8525 QUAIL RUN DRIVE WESLEY CHAPEL, FL 33544
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIMPSON, RAIFORD L 8525 QUAIL RUN DRIVE WESLEY CHAPEL, FL 33544
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MALOTT, LORI M 8525 QUAIL RUN DRIVE WESLEY CHAPEL, FL 33544
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 01/11/08-80019-016 138.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *David Malott* **1-8-08 813-973-8848**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #