

**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



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"/>	<b>\$5.00</b> 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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000000778965  
 01/11/08-80019-016 138.75

**DO NOT WRITE IN THIS SPACE**

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:** *Michael L. Malott* **1-8-08 813-973-8848**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #