


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # L05000090479	
1. Entity Name HI-TECH AUTOMATION, LLC	

Principal Place of Business 13757 RIDGETOP RD ORLANDO, FL 32837	Mailing Address 13757 RIDGETOP RD ORLANDO, FL 32837
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02212007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 57-1224060	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 CORPDIRECT AGENTS, INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ESPINOSA, SAMUEL 1838 BRIDGEVIEW CIRCLE ORLANDO, FL 32824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MALDONADO, JOSELIN 13757 RIDGETOP RD ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ESPINOSA, NASHALEE 1838 BRIDGEVIEW CIR ORLANDO, FL 32824
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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: Nashalee Espinosa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/3/07
Date

407-344-7711
Daytime Phone #