2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 02, 2007
Secretary of State

DOCUMENT# L05000105306

Entity Name: FLORIDA AUTOMATION MACHINERY, LLC

Current Principal Place of Business:

5910 PINE HILL ROAD
UNIT #10
PORT RICHEY, FL 346686682 US

New Principal Place of Business:

7607 FAWN LAKE ROAD
NEW PORT RICHEY, FL 34655 US

Current Mailing Address:

5910 PINE HILL ROAD
UNIT #10
PORT RICHEY, FL 346686682 US

New Mailing Address:

7607 FAWN LAKE ROAD
NEW PORT RICHEY, FL 34655 US

FEI Number: 20-3691317 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

POTTS, J MICHAEL
5910 PINE HILL ROAD
UNIT #10
PORT RICHEY, FL 346686682 US

Name and Address of New Registered Agent:

POTTS, J MICHAEL
7607 FAWN LAKE ROAD
NEW PORT RICHEY, FL 34655 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: JMPOTTS 07/02/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: POTTS, J MICHAEL
Address: 5910 PINE HILL ROAD, UNIT #10
City-St-Zip: PORT RICHEY, FL 346686682

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: POTTS, J MICHAEL
Address: 7607 FAWN LAKE ROAD
City-St-Zip: NEW PORT RICHEY, FL 34655

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: JMPOTTS MGRM 07/02/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date