

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000094741

FILED
Mar 20, 2009
Secretary of State

Entity Name: SUPERIOR LABOR SERVICES IV, LLC

Current Principal Place of Business:

4425 MARTIN HWY.
PALM CITY, FL 34990 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1097
PALM CITY, FL 34991 US

New Mailing Address:

PO BOX 1097
PALM CITY, FL 34991 US

FEI Number: 26-2481364

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMSON, JENNIFER L ESQ.
555 COLORADO AVE.
STUART, FL 34994 US

Name and Address of New Registered Agent:

WILLIAMSON, JENNIFER L ESQ.
4425 MARTIN HIGHWAY
PALM CITY, FL 34990 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: JENNIFER L. WILLIAMSON, ESQ

03/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BROWN, MATTHEW S
Address: P.O. BOX 1097
City-St-Zip: PALM CITY, FL 34991 US

Title: MGRM () Delete
Name: BROWN, BARRIE L
Address: PO BOX 1097
City-St-Zip: PALM CITY, FL 34991

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BROWN, MATTHEW S
Address: P.O. BOX 1097
City-St-Zip: PALM CITY, FL 34990 US

Title: MGRM (X) Change () Addition
Name: BROWN, BARRIE L
Address: PO BOX 1097
City-St-Zip: PALM CITY, FL 34990

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: BARRIE L. BROWN

MGRM

03/20/2009

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