

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000121261

**FILED**  
**Mar 11, 2011**  
**Secretary of State**

**Entity Name:** BEST LABOR CONTRACTORS, LLC

**Current Principal Place of Business:**

3211 PONCE DE LEON BLVD STE 301  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

3211 PONCE DE LEON BLVD STE 301  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 20-8090106

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BARKER, REX  
3211 PONCE DE LEON BLVD STE 301  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** PD  
**Name:** ARIAS, MANUEL  
**Address:** 3211 PONCE DE LEON 301  
**City-St-Zip:** CORAL GABLES, FL 33134

**Title:** STD  
**Name:** BARKER, REX M  
**Address:** 3211 PONCE DE LEON 301  
**City-St-Zip:** CORAL GABLES, FL 33134

I hereby 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:** REX M BARKER

STD

03/11/2011

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