

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000094748

**FILED**  
**Mar 28, 2012**  
**Secretary of State**

**Entity Name:** SUPERIOR LABOR SERVICES VI, LLC

**Current Principal Place of Business:**

4425 SW MARTIN HIGHWAY  
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:**

**FEI Number:** 26-2482148

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILLIAMSON, JENNIFER L ESQ.  
759 SW FEDERAL HIGHWAY  
SUITE 106  
STUART, FL 34994 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:** MGRM  
**Name:** BROWN, MATTHEW S  
**Address:** P.O. BOX 1097  
**City-St-Zip:** PALM CITY, FL 34991 US

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

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:** MATTHEW S. BROWN

MGRM

03/28/2012

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