

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 27, 2007 08:00 AM
Secretary of State**

DOCUMENT # M00000002312

1. Entity Name
ADP TOTALSOURCE MI VI, LLC



Principal Place of Business
**10200 SUNSET DR.
MIAMI, FL 33173**

Mailing Address
**10200 SUNSET DR.
MIAMI, FL 33173**

DO NOT WRITE IN THIS SPACE



02262007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

65-0945794

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331**

**DO NOT WRITE
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 reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
RODRIGUEZ, CARLOS A
10200 SUNSET DR.
MIAMI, FL 33173**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MASEDA, MIKE
10200 SUNSET DRIVE
MIAMI, FL 33173**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CUETO, WILLIAM
10200 SUNSET DRIVE
MIAMI, FL 33173**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SINGER, ROBERT
ONE ADP BLVD.
ROSELAND, NJ 07068**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
FERNANDEZ, SERGIO
10200 SUNSET DRIVE
MIAMI, FL 33173**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000738087
05/11/07-80054-022 50.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

William Cueto

3/26/07

Date

305/630-1000

Daytime Phone #