

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # M05000000245

1. Entity Name
PARRISH PROPERTIES VI, LLC



Principal Place of Business
7804 COOPER ROAD
PLEASANT PRAIRIE, WI 53158

Mailing Address
PO BOX 580488
PLEASANT PRAIRIE, WI 53158



01222008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-1929213

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARRISH, JOHN L
4039 NW BLIGHTON ROAD
OCALA, FL 34482

**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

JOHN L PARRISH
(NOTE: Registered Agent signature required when reinstating)

1-28-08
DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PARRISH, JOHN L
STREET ADDRESS	PO BOX 580488
CITY-ST-ZIP	PLEASANT PRAIRIE, WI 53158

TITLE	
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U00000812982
02/12/08-80071-005 138.75

**DO NOT WRITE
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

1-28-08

Date

262-697-4888

Daytime Phone #