

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M00000002312

**Entity Name:** ADP TOTALSOURCE MI VI, LLC

**Current Principal Place of Business:**

10200 SUNSET DR.  
MIAMI, FL 33173

**Current Mailing Address:**

10200 SUNSET DR.  
ATTN: LEGAL DEPT  
MIAMI, FL 33173

**FEI Number:** 65-0945794

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name MICHAUD, BRIAN  
Address 10200 SUNSET DRIVE  
City-State-Zip: MIAMI FL 33173

Title MGR  
Name EISLER, BARRY  
Address 10200 SUNSET DRIVE  
City-State-Zip: MIAMI FL 33173

Title MGR  
Name KRAVETZ, LISSE  
Address 10200 SUNSET DRIVE  
City-State-Zip: MIAMI FL 33173

Title MGR  
Name CHHABRA, PAWAN  
Address 5800 WINDWARD PKWY  
City-State-Zip: ALPHARETTA GA 30005

Title MGR  
Name ORIHUELA, CRISTIAN  
Address 5800 WINDWARD PKWY  
City-State-Zip: ALPHARETTA GA 30005

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BARRY EISLER

**DIRECTOR**

**04/25/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date