

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000045460

**FILED**  
**Mar 23, 2011**  
**Secretary of State**

**Entity Name:** WORKLIFE FINANCIAL OF FLORIDA, LLC

**Current Principal Place of Business:**

700 TOWER DRIVE  
STE 220  
TROY, MI 48098 N

**New Principal Place of Business:**

**Current Mailing Address:**

700 TOWER DRIVE  
STE 220  
TROY, MI 48098 N

**New Mailing Address:**

FEI Number: 20-8952399

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ZELLNER, JOEL  
10161 CENTURION PARKWAY NORTH, STE 111  
JACKSONVILLE, FL 32256 US

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

ZELLNER, JOEL  
6817 SOUTHPOINT PARKWAY  
SUITE 403  
JACKSONVILLE, FL 32216 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

03/23/2011

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WORKLIFE FINANCIAL, INC.  
Address: 700 TOWER DRIVE, STE 220  
City-St-Zip: TROY, MI 48098 N

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: ROBERT R. FLORKA

SECR

03/23/2011

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