

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000084255

**Entity Name:** WORKMAGIC, LLC

**Current Principal Place of Business:**

1550 SOUTH DIXIE HWY  
SUITE 221  
MIAMI, FL 33146

**Current Mailing Address:**

1550 SOUTH DIXIE HWY  
SUITE 221  
MIAMI, FL 33146 US

**FEI Number:** 27-0841965

**Certificate of Status Desired:** No

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

JOHNSON, FRANK  
1300 NW 84TH AVENUE  
DORAL, FL 33126 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:** FRANK JOHNSON

02/04/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	DIRECTOR	Title	MANAGING MEMBER, CHAIRMAN
Name	JOHNSON, FRANK	Name	JOHNSON, PATRICIA GONZALEZ
Address	1300 NW 84TH AVENUE	Address	1550 SOUTH DIXIE HWY SUITE 221
City-State-Zip:	DORAL FL 33126	City-State-Zip:	MIAMI FL 33146
Title	AUTHORIZED MEMBER, CEO		
Name	JOHNSON, FRANK T		
Address	1550 SOUTH DIXIE HWY SUITE 221		
City-State-Zip:	CORAL GABLES FL 33146		

*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:** FRANK JOHNSON

**DIRECTOR**

02/04/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date