## 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000101258

Entity Name: THE WORKS CENTER, LLC.

## **Current Principal Place of Business:**

10141 SW 40 STREET MIAMI, FL 33165

## **Current Mailing Address:**

10141 SW 40 STREET MIAMI, FL 33165 US

# **FEI Number: APPLIED FOR**

## Name and Address of Current Registered Agent:

MOLINA, KAREN 10141 SW 40 STREET MIAMI, FL 33165 US

Certificate of Status Desired: No

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

### Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	MOLINA, KAREN	Name	MOLINA, RAUL
Address	10141 SW 40 STREET	Address	10141 SW 40 STREET
City-State-Zip:	MIAMI FL 33165	City-State-Zip:	MIAMI FL 33165
Title	PS	Title	VPT
Title Name	PS MOLINA, KAREN	Title Name	VPT MOLINA, RAUL

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: KAREN MOLINA

PS

Electronic Signature of Signing Authorized Person(s) Detail

FILED Mar 27, 2014 Secretary of State CC2482560844

Date