

**2016 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**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MOLINA, KAREN  
10141 SW 40 STREET  
MIAMI, FL 33165 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	MGRM
Name	MOLINA, KAREN
Address	10141 SW 40 STREET
City-State-Zip:	MIAMI FL 33165

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

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

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

*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:** RAUL MOLINA

MGRM

01/27/2016

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