

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000159560

**Entity Name:** WORKPERKS LLC

**Current Principal Place of Business:**

775 SHOTGUN RD  
SUNRISE, FL 33326

**Current Mailing Address:**

775 SHOTGUN RD  
SUNRISE, FL 33326 US

**FEI Number:** 46-1619891

**Certificate of Status Desired:** No

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

SHAPIRO, JONATHAN  
775 SHOTGUN RD  
SUNRISE, FL 33326 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 SHAPIRO, JONATHAN  
Address 15240 LAUREL LANE NORTH  
City-State-Zip: PEMBROKE PINES FL 33027

Title MANAGER  
Name LUCENA, MARCELA  
Address 1853 HARBOR POINTE CIR  
City-State-Zip: WESTON FL 33327

*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:** JONATHAN SHAPIRO

**CEO**

**06/22/2020**

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

\_\_\_\_\_  
Date