

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000159560

**Entity Name:** WORKPERKS LLC

**Current Principal Place of Business:**

19 WEST FLAGLER STREET  
SUITE 516  
MIAMI, FL 33130

**Current Mailing Address:**

19 WEST FLAGLER STREET  
SUITE 516  
MIAMI, FL 33130 US

**FEI Number:** 46-1619891

**Certificate of Status Desired:** No

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

SHAPIRO, JONATHAN  
19 WEST FLAGLER STREET  
SUITE 516  
MIAMI, FL 33130 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 19 WEST FLAGLER STREET, SUITE  
516  
City-State-Zip: MIAMI FL 33130

*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

**MANAGING MEMBER**

**01/09/2014**

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

\_\_\_\_\_  
Date