

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000106177

**Entity Name:** WORKSITE FINANCIAL SERVICES LLC

**Current Principal Place of Business:**

2735 COMMERCE PKWY  
NORTH PORT, FL 34289

**Current Mailing Address:**

2735 COMMERCE PKWY  
NORTH PORT, FL 34289 US

**FEI Number:** 47-1259885

**Certificate of Status Desired:** No

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

WORKSITE FINANCIAL SERVICES, LLC  
2735 COMMERCE PKWY  
NORTH PORT, FL 34289 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:** NOLA RICCI

02/03/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name MAYS, JUSTIN  
Address 2579 N TOLEDO BLADE BLVD  
City-State-Zip: NORTH PORT FL 34289

Title MGR  
Name MACKLE, JOHN  
Address 2579 N TOLEDO BLADE BLVD  
City-State-Zip: NORTH PORT FL 34289

*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:** JUSTIN MAYS

MANAGER/OWNER

02/03/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date