

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000220553

**Entity Name:** WORK TOGETHER CENTER LLC

**Current Principal Place of Business:**

7500 NW 25TH ST  
SUITE 237  
DORAL, FL 33122

**Current Mailing Address:**

7500 NW 25TH ST  
SUITE 237  
DORAL, FL 33122 US

**FEI Number:** 61-1807819

**Certificate of Status Desired:** No

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

BOLANOS, JAVIER  
7500 NW 25TH ST  
SUITE 237  
DORAL, FL 33122 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 CITELLI, CRISTINA  
Address 1080 SW 177TH WAY  
City-State-Zip: PEMBROKE PINES FL 33029

Title MGRM  
Name BOLANOS, JAVIER  
Address 1080 SW 177TH WAY  
City-State-Zip: PEMBROKE PINES FL 33029

*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:** JAVIER BOLANOS

**MANAGER**

**03/28/2022**

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

\_\_\_\_\_  
Date