

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000399594

**Entity Name:** WORK OUT WAGES LLC

**Current Principal Place of Business:**

1900 GLADES ROAD, SUITE 203  
BOCA RATON, FL 33431

**Current Mailing Address:**

1900 GLADES ROAD, SUITE 203  
BOCA RATON, FL 33431 US

**FEI Number:** 92-0328889

**Certificate of Status Desired:** No

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

SNOEP, NICOLA  
1900 GLADES ROAD, SUITE 203  
BOCA RATON, FL 33431 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 AMBR  
Name SNOEP, PEER  
Address 1900 GLADES ROAD, SUITE 203  
City-State-Zip: BOCA RATON FL 33431

Title AMBR  
Name SMITH, KELLEN P  
Address 1900 GLADES ROAD, SUITE 203  
City-State-Zip: BOCA RATON, FL 33431

Title AMBR  
Name MOORE, RICHARD J  
Address 1900 GLADES ROAD, SUITE 203  
City-State-Zip: BOCA RATON FL 33431

*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:** PEER SNOEP

**PARTNER**

**04/15/2024**

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

\_\_\_\_\_ Date