

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M18000009303

**FILED**  
**Feb 13, 2020**  
**Secretary of State**  
**7186126814CC**

**Entity Name:** THE WORKFORCE GROUP, LLC

**Current Principal Place of Business:**

9544 FENWAY AVE  
BATON ROUGE, LA 70809

**Current Mailing Address:**

9544 FENWAY AVE  
BATON ROUGE, LA 70809 US

**FEI Number: 46-4095082**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 AUTHORIZED MEMBER  
Name FARMER, JOHNATHAN BART  
Address 9544 FENWAY AVE  
City-State-Zip: BATON ROUGE LA 70809

Title AUTHORIZED MEMBER  
Name ROBINSON, LEE ROY  
Address 9544 FENWAY AVE  
City-State-Zip: BATON ROUGE LA 70809

Title AUTHORIZED REPRESENTATIVE  
Name FOWLER, MARSTON  
Address 9544 FENWAY AVE  
City-State-Zip: BATON ROUGE LA 70809

*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: MARSTON FOWLER**

**AUTHORIZED PERSON**

**02/13/2020**

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

\_\_\_\_\_  
Date