

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000039462

1. Entity Name

WORKPLACE INSURANCE ASSOCIATES LLC



Principal Place of Business
**8055 SW 86TH TERRACE
MIAMI FL 33157
US**

Mailing Address
**8055 SW 86TH TERRACE
MIAMI FL 33157
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E083 (10/05)

4. FEI Number
20-0301862

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARGOMANIZ, ALBERTO E
8055 SW 86TH TERRACE
MIAMI FL 33157**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **ARGOMANIZ, ALBERTO E**
CITY-ST-ZIP **8055 SW 86TH TERRACE
MIAMI FL 33157**

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP **U000000518469
05/02/06-80013-007 50.00**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of a limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Alberto Argomaniz **Alberto Argomaniz** 4/13/06

305-271-3434