

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000023207

**FILED**  
**Apr 28, 2012**  
**Secretary of State**

**Entity Name:** WORKMAN HOLDING CO., LLC

**Current Principal Place of Business:**

6970 W. GROVER CLEVELAND BLVD.  
HOMOSASSA, FL 34446

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2290  
HOMOSASSA SPRINGS, FL 34447

**New Mailing Address:**

**FEI Number:** 20-8642769

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WORKMAN, JENNI S  
6970 W. GROVER CLEVELAND BLVD.  
HOMOSASSA, FL 34446 US

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

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** P  
**Name:** WORKMAN, TODD M  
**Address:** 1211 SE 3RD AVE  
**City-St-Zip:** CRYSTAL RIVER, FL 34429

**Title:** ST  
**Name:** WORKMAN, JENNI S  
**Address:** 1211 SE 3RD AVE  
**City-St-Zip:** CRYSTAL RIVER, FL 34429

I hereby certify that the information indicated on this 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 608, Florida Statutes.

**SIGNATURE:** JENNI S WORKMAN

ST

04/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date