

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000030979

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** THE WORKALITION OF AMERICA LLC

**Current Principal Place of Business:**

3405 N. ORANGE BLOSSOM TRIAL #8  
ORLANDO, FL 32804

**New Principal Place of Business:**

**Current Mailing Address:**

3405 N. ORANGE BLOSSOM TRIAL #8  
ORLANDO, FL 32804

**New Mailing Address:**

PO BOX 916302  
LONGWOOD, FL 32791

**FEI Number:** 27-2303809

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CICCARELLO, SALVATORE II  
3405 N. ORANGE BLOSSOM TRIAL #8  
ORLANDO, FL 32804 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: MGRM  
Name: CICCARELLO, SALVATORE II  
Address: 3405 N. ORANGE BLOSSOM TRIAL #8  
City-St-Zip: ORLANDO, FL 32804

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: SALVATORE CICCARELLO II

MGRM

04/29/2011

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