

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000022078

Entity Name: WORKERS COMPENSATION.COM, L.L.C.

Current Principal Place of Business:

711 N WASHINGTON BLVD
SARASOTA, FL 34236

Current Mailing Address:

711 N WASHINGTON BLVD
SARASOTA, FL 34236 US

FEI Number: 60-0000516

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LANCASTER, ALEX
711 N WASHINGTON BLVD
SARASOTA, FL 34236 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 MGR
Name LANCASTER, ALEX
Address 711 N WASHINGTON BLVD
City-State-Zip: SARASOTA FL 34236

Title SEC
Name LANCASTER, MARLENE
Address 711 N WASHINGTON BLVD
City-State-Zip: SARASOTA FL 34236

Title PRESIDENT
Name BENNET, ROBERT
Address 711 N WASHINGTON BLVD
City-State-Zip: SARASOTA FL 34236

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: ALEX LANCASTER

DIRECTOR

02/18/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date