

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000022078

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

Current Principal Place of Business:

1744 4TH STREET
SARASOTA, FL 34236

Current Mailing Address:

PO BOX 2432
SARASOTA, FL 34230

FEI Number: 60-0000516

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILSON, ROBERT H
1744 4TH STREET
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 CEO/MGRM
Name WILSON, ROBERT H
Address PO BOX 2432
City-State-Zip: SARASOTA FL 34230

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: ROBERT WILSON

CEO

03/22/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date