

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000083185

**Entity Name:** ALAN WORKMAN, P.L.

**Current Principal Place of Business:**

3501 DEL PRADO BLVD  
SUITE 211  
CAPE CORAL, FL 33904

**Current Mailing Address:**

3501 DEL PRADO BLVD  
SUITE 211  
CAPE CORAL, FL 33904

**FEI Number:** 00-0000000

**Certificate of Status Desired:** No

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

WORKMAN, ALAN  
3501 DEL PRADO BLVD  
SUITE 211  
CAPE CORAL, FL 33904 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 MGRM  
Name WORKMAN, ALAN  
Address 3501 DEL PRADO BLVD, SUITE 211  
City-State-Zip: CAPE CORAL FL 33904

*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:** ALAN WORKMAN

MGRM

04/02/2019

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date