

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000101258

**Entity Name:** THE WORKS CENTER, LLC.

**Current Principal Place of Business:**

10141 SW 40 STREET  
MIAMI, FL 33165

**Current Mailing Address:**

10141 SW 40 STREET  
MIAMI, FL 33165 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

MOLINA, KAREN  
10141 SW 40 STREET  
MIAMI, FL 33165 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 MOLINA, KAREN  
Address 10141 SW 40 STREET  
City-State-Zip: MIAMI FL 33165

Title MGRM  
Name MOLINA, RAUL  
Address 10141 SW 40 STREET  
City-State-Zip: MIAMI FL 33165

Title PS  
Name MOLINA, KAREN  
Address 10141 SW 40 STREET  
City-State-Zip: MIAMI FL 33165

Title VPT  
Name MOLINA, RAUL  
Address 10141 SW 40 STREET  
City-State-Zip: MIAMI FL 33165

*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:** KAREN MOLINA

MGRM

04/08/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date