## **2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000149478

Entity Name: WORKSITE 9, LLC

**Current Principal Place of Business:** 

2579 N TOLEDO BLADE BLVD NORTH PORT, FL 34289

**Current Mailing Address:** 

2579 N TOLEDO BLADE BLVD NORTH PORT, FL 34289 US

FEI Number: 84-1986993 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WORKSITE FINANCIAL SERVICES, LLC 2735 COMMERCE PKWY NORTH PORT, FL 34289-9374 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

FILED Feb 19, 2020

**Secretary of State** 

7254362050CC

Authorized Person(s) Detail:

Title MGR

MGR Title MGR

Name MAYS, JUSTIN Name MACKLE, JOHN

Address 2579 N TOLEDO BLADE BLVD Address 2579 N TOLEDO BLADE BLVD

City-State-Zip: NORTH PORT FL 34289 City-State-Zip: NORTH PORT FL 34289

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: JUSTIN MAYS

Electronic Signature of Signing Authorized Person(s) Detail

PRESIDENT/CEO 02/19/2020

Date