


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L06000014998</b> 1. Entity Name <b>EMPOWER TECHNOLOGIES, LLC</b>	
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Principal Place of Business <b>1963 ROLLING GREEN CIR SARASOTA, FL 34240</b>	Mailing Address <b>1963 ROLLING GREEN CIR SARASOTA, FL 34240</b>
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**DO NOT WRITE IN THIS SPACE**



04292008 No Chg-LLC CR2E083 (12/07)

4. FEI Number <b>20-3493152</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>PRIDEMORE &amp; ASSOCIATES, CPAS, PA 229 TAMiami TRAIL S VENICE, FL 34285</b>
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**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM DORETY, MICHAEL 1963 ROLLING GREEN CIR SARASOTA, FL 34240</b>
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U000000943822  
05/29/08-80074-020 138.75

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: Sandra L. Ridemore CPA 5-1-08 941-488-5110  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #