2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000053705

1. Entity Name
EMPOWERED MANAGEMENT GROUP, LLC

Principal Place of Business	Mailing Address
600 SAND TREE DR. STE. 209 PALM BEACH GARDENS, FL 33403	600 SAND TREE DR. STE. 209 PALM BEACH GARDENS, FL 33403

DO NOT WRITE IN THIS SPACE

04032008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-5283703	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DEMARIA, LISA
600 SAND TREE DR.
STE. 209
PALM BEACH GARDENS, FL 33403

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent's signature required when reinstating)

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

05/06/08-80024-007 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR
NAME	DEMARIA, LISA
STREET ADDRESS	600 SAND TREE DR., #209
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33403
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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: _Will A Mac_   4/3/08   561-691-1552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #