

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000077728

FILED
Mar 23, 2009
Secretary of State

Entity Name: EMPOWERTY L.L.C.

Current Principal Place of Business:

19239 NORTH DALE MABRY HWY
106
LUTZ, FL 33548

New Principal Place of Business:

Current Mailing Address:

19239 NORTH DALE MABRY HWY
106
LUTZ, FL 33548

New Mailing Address:

FEI Number: 26-0652785 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, SHAVONDA M
1971 W. LUMSDEN ROAD
108
BRANDON, FL 33511 US

Name and Address of New Registered Agent:

ALLEN, SHAVONDA M
8415 QUARTER HORSE DRIVE
RIVERVIEW, FL 33569 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: SHAVONDA ALLEN

03/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ALLEN, SHAVONDA M
Address: 8415 QUARTER HORSE DRIVE
City-St-Zip: FREDERICK, MD 21704

Title: MGRM () Delete
Name: FAULKNER, WILLIAM T JR.
Address: 19019 FERN MEADOW LOOP
City-St-Zip: LUTZ, FL 33558

Title: MGRM () Delete
Name: GIBSON, DERRICK N
Address: 335 SOUTH BISCAYNE BOULEVARD, #3707
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: SHAVONDA ALLEN

MGRM

03/23/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date