

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000077728

Entity Name: EMPOWERTY L.L.C.

Current Principal Place of Business:

19239 NORTH DALE MABRY HWY
106
LUTZ, FL 33548

Current Mailing Address:

19239 NORTH DALE MABRY HWY
106
LUTZ, FL 33548

FEI Number: 26-0652785

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FAULKNER, WILLIAM TJR.
19239 NORTH DALE MABRY HWY
106
LUTZ, FL 33548 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 ALLEN, SHAVONDA M
Address 8415 QUARTER HORSE DRIVE
City-State-Zip: FREDERICK MD 21704

Title MGRM
Name FAULKNER, WILLIAM TJR.
Address 936 CRENSHAW LAKE ROAD
City-State-Zip: LUTZ FL 33548

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: WILLIAM FAULKNER

MANAGING PARTNER

04/17/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date