

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000187290

**Entity Name:** WEALTH BY EMPOWERMENT, LLC

**Current Principal Place of Business:**

4229 CLYBOURNE LANE  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

4320 DEERWOOD LAKE PARKWAY  
SUITE 101-245  
JACKSONVILLE, FL 32216 US

**FEI Number:** 47-5511598

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BURKE, KATIE G  
4320 DEERWOOD LAKE PARKWAY  
SUITE 101-245  
JACKSONVILLE, FL 32216 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 AMBR  
Name BURKE, KATIE G  
Address 4320 DEERWOOD LAKE PARKWAY,  
SUITE 101-245  
City-State-Zip: JACKSONVILLE FL 32216

*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:** KATIE G BURKE

AMBR

02/22/2016

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date