

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000217181

**Entity Name:** EMPATHY AND EMPOWERMENT, LLC

**Current Principal Place of Business:**

624 EXECUTIVE PARK CT.  
1024 A  
APOPKA, FL 32703

**Current Mailing Address:**

618 W. KELLY PARK RD.  
APOPKA , FL 32712 US

**FEI Number: 83-3534736**

**Certificate of Status Desired:** No

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

COOK, RACHEL  
618 W. KELLY PARK RD.  
APOPKA , FL 32712 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            OWNER/THERAPIST  
Name            COOK, RACHEL  
Address        618 W. KELLY PARK RD  
City-State-Zip: APOPKA FL 32703

*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:** RACHEL K COOK

OWNER/THERAPIST

01/14/2020

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

\_\_\_\_\_  
Date