

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000217181

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

**Current Principal Place of Business:**

581 N PARK AVE.  
#4451  
APOPKA, FL 32704

**Current Mailing Address:**

581 N PARK AVE.  
#4451  
APOPKA, FL 32704 US

**FEI Number:** 83-3534736

**Certificate of Status Desired:** No

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

COOK, RACHEL  
581 N PARK AVE.  
#4451  
APOPKA, FL 32704 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        581 N PARK AVE.  
                  #4451  
City-State-Zip: APOPKA FL 32704

*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 COOK

**OWNER**

**01/26/2022**

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

\_\_\_\_\_  
Date