

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000003323

**Entity Name:** EMPOWERED ALLIANCE LLC

**Current Principal Place of Business:**

11901 10TH WAY N.  
APT 1207W  
ST PETERSBURG, FL 33716

**Current Mailing Address:**

11901 10TH WAY N.  
APT 1207W  
ST PETERSBURG, FL 33716 US

**FEI Number:** 83-3311233

**Certificate of Status Desired:** Yes

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

COSETTE, CHRISTINA  
11901 10TH WAY N.  
APT 1207W  
ST PETERSBURG, FL 33716 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/OPERATOR  
Name            COSETTE, CHRISTINA  
Address        11901 10TH WAY N  
                  APT 1207W  
City-State-Zip: ST PETERSBURG FL 33716

*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:** CHRISTINA COSETTE

**OWNER/OPERATOR**

**03/19/2021**

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

\_\_\_\_\_  
Date