

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000211096

Entity Name: EMPOWERED ENGRAVING, LLC

Current Principal Place of Business:

5199 DELACROIX DRIVE
BROOKSVILLE, FL 34604

Current Mailing Address:

5199 DELACROIX DRIVE
BROOKSVILLE, FL 34604 US

FEI Number: 85-2159837

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KUNDE, LISA M
5199 DELACROIX DRIVE
BROOKSVILLE, FL 34604 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 MGR
Name KUNDE, LISA M
Address 5199 DELACROIX DRIVE
City-State-Zip: BROOKSVILLE FL 34604

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: LISA M KUNDE

MGR

03/10/2021

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date