2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# L05000093769

Entity Name: EMPOWERED, LLC

Current Principal Place of Business:

1255 MAYVIEW WAY
WELLINGTON, FL 33414 US

New Principal Place of Business:

Current Mailing Address:

1255 MAYVIEW WAY
WELLINGTON, FL 33414 US

New Mailing Address:

FEI Number: 20-4382691 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ALLEN, RUSSELL W
Address: 481 8TH AVE SUITE 1530
City-St-Zip: NEW YORK, NY 10001 US

Title: MGRM (X) Delete
Name: DAIMOND, STUART
Address: 481 8TH AVE SUITE 1530
City-St-Zip: NEW YORK, NY 10001 US

Title: MGRM (X) Delete
Name: PHILIP, RAINO
Address: 481 8TH AVE SUITE 1530
City-St-Zip: NEW YORK, NY 10001 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ALLEN, KAYE
Address: 481 8TH AVE SUITE 1530
City-St-Zip: NEW YORK, NY 10001 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: KAYE ALLEN MGR 03/24/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date