

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000042356

FILED
Jan 14, 2007
Secretary of State

Entity Name: EMPOWERMENT CONSULTANTS, LLC

Current Principal Place of Business:

9340 LAGOON PL #406
DAVIE, FL 33324

New Principal Place of Business:

Current Mailing Address:

8930 WEST STATE 84 #170
DAVIE, FL 33327

New Mailing Address:

FEI Number: 75-3214762 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMES, SEBRINA
9340 LAGOON PL #406
DAVIE, FL 33324 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: MGR () Delete
Name: JAMES, SEBRINA
Address: 8930 W STATE RD 84 #170
City-St-Zip: DAVIE, FL 33324

Title: MGR () Delete
Name: EAGLE MANAGEMENT CON, SULTANTS, LLC
Address: 8930 W STATE RD 84 #170
City-St-Zip: DAVIE, FL 33324

ADDITIONS/CHANGES:

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 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: SEBRINA JAMES MGR 01/14/2007

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