

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000042356

FILED
May 01, 2009
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 ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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 CONSULTANTS, 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: MGR (X) Change () Addition
Name: JAMES & ASSOCIATES, LLC
Address: 9340 LAGOON PLACE #406
City-St-Zip: DAVIE, FL 33324

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: SEBRINA JAMES

MGR

05/01/2009

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