

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000042356

**FILED**  
**Apr 29, 2011**  
**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  
Name: JAMES, SEBRINA  
Address: 8930 W STATE RD 84 #170  
City-St-Zip: DAVIE, FL 33324

Title: MGRM  
Name: BATES, DAMON  
Address: 731 N PINE ISLAND ROAD #103  
City-St-Zip: PLANTATION, FL 33324

I hereby 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

04/29/2011

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