

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000042356

**FILED**  
**Apr 30, 2012**  
**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:**

8930 WEST STATE ROAD 84 #170  
DAVIE, FL 33324

**Current Mailing Address:**

8930 WEST STATE 84 #170  
DAVIE, FL 33327

**New Mailing Address:**

8930 WEST STATE ROAD 84 #170  
DAVIE, FL 33324

**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:**

JAMES, SEBRINA  
8930 W. STATE ROAD 84 #170  
DAVIE, FL 33324 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: SEBRINA JAMES

04/30/2012

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

04/30/2012

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