

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000067569

FILED
Apr 22, 2009
Secretary of State

Entity Name: EMPOWERING POLE FITNESS, LLC

Current Principal Place of Business:

213 ORANGE STREET
AUBURNDALE, FL 33823

New Principal Place of Business:

1602 DUNDEE ROAD
WINTER HAVEN, FL 33884

Current Mailing Address:

213 ORANGE STREET
AUBURNDALE, FL 33823

New Mailing Address:

5008 RIVER LAKE ROAD
WINTER HAVEN, FL 33884

FEI Number: 26-0437020

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, CAROL
5008 RIVER LAKE ROAD
WINTER HAVEN, FL 33884 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: MOORE, CAROL
Address: 5008 RIVER LAKE ROAD
City-St-Zip: WINTER HAVEN, FL 33884

Title: MGRM () Delete
Name: WALKER, TAMARA
Address: 117 COLLEEN COURT
City-St-Zip: AUBURNDALE, FL 33823

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 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: CAROL MOORE

MGRM

04/22/2009

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