

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000035573

**FILED**  
**Apr 06, 2009**  
**Secretary of State**

**Entity Name:** EMPOWER SOLUTIONS, LLC

**Current Principal Place of Business:**

41 SEMINOLE RD  
BABSON PARK, FL 33827 US

**New Principal Place of Business:**

ONE SCENIC CENTRAL  
103  
LAKE WALES, FL 33853 US

**Current Mailing Address:**

41 SEMINOLE RD  
BABSON PARK, FL 33827 US

**New Mailing Address:**

**FEI Number:** 26-2362493      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RESPRESS, KEVIN  
41 SEMINOLE RD  
BABSON PARK, FL 33827 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: RESPRESS, KEVIN  
Address: 41 SEMINOLE RD  
City-St-Zip: BABSON PARK, FL 33827 US

**ADDITIONS/CHANGES:**

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: KEVIN D. RESPRESS

MGRM

04/06/2009

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