

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000066054

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** EMPOWERMENT LEARNING INSTITUTE LLC

**Current Principal Place of Business:**

984 MERCY DR.  
#1  
ORLANDO, FL 32808

**New Principal Place of Business:**

**Current Mailing Address:**

984 MERCY DR.  
#1  
ORLANDO, FL 32808

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

JAIME, YUKEN  
984 MERCY DR.  
# 1  
ORLANDO, FL 32808 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  
Name: YUKEN, JAIME  
Address: 984 MERCY DR. # 1  
City-St-Zip: ORLANDO, FL 32808

Title: MRGM  
Name: ROBINSON, BOBBY  
Address: 7435 N.W. 44 ST. # 1203  
City-St-Zip: SUNRISE, FL 33319

Title: MGRM  
Name: MCKNIGHT, JAMES  
Address: 16705 BERKSHIRE CT.  
City-St-Zip: SOUTHWEST RANCHES, FL 33331

Title: MGRM  
Name: RAINER, BYRON  
Address: 2851 W. PROSPECT RD. # 704  
City-St-Zip: FT LAUDERDALE, FL 33008

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: JAIME YUKEN

MGRM

04/29/2011

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