

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L13000121624

Entity Name: EMPOWERED MOTION LLC

**FILED**  
**Oct 04, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

2263 WEST NEW HAVEN AVE # 324  
MELBOURNE, FL 32904 US

**New Principal Place of Business:**

2263 WEST NEW HAVEN AVE  
#324  
MELBOURNE, FL 32904 US

**Current Mailing Address:**

2263 WEST NEW HAVEN AVE # 324  
MELBOURNE, FL 32904 US

**New Mailing Address:**

2263 WEST NEW HAVEN AVE  
#324  
MELBOURNE, FL 32904 US

FEI Number: 46-3529909

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

CASTHELY, DIONNE DR.  
160 NE 82ND STREET  
MIAMI, FL 33138 US

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

CASTHELY, DIONNE DR.  
2263 WEST NEW HAVEN AVE  
#324  
MELBOURNE, FL 32904 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: DIONNE CASTHELY

10/04/2014

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: CEO  
Name: CASTHELY, DIONNE DR  
Address: 2263 WEST NEW HAVEN AVE, #324  
City-St-Zip: MELBOURNE, FL 32904

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: DIONNE CASTHELY

CEO

10/04/2014

Electronic Signature of Authorized Person

Date