

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 09, 2007 8:00 am**  
**Secretary of State**

03-09-2007 90135 022 \*\*\*\*50.00

**DOCUMENT # M06000000233**

1. Entity Name  
**EMPOWER BENEFITS LLC**



Principal Place of Business  
**2210 VANDERBILT BEACH RD.  
SUITE 1203  
NAPLES, FL 34109**

Mailing Address  
**2210 VANDERBILT BEACH RD.  
SUITE 1203  
NAPLES, FL 34109**



2. Principal Place of Business - No P.O. Box #  
**2210 Vanderbilt Beach Road**

3. Mailing Address  
**2210 Vanderbilt Beach Road**

Suite, Apt. #, etc.  
**Suite 1203**

Suite, Apt. #, etc.  
**Suite 1203**

02122007 Chg-LLC CR2E083 (12/06)

City & State  
**Naples, FL.**

City & State  
**Naples, FL.**

4. FEI Number  
**20-4045857**

Applied For  
☐ Not Applicable

Zip  
**34109**

Country

Zip  
**34109**

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Zach Malone*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

*2-23-07*  
DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
PITINO, MICHAEL  
9505 WILLIAMSBURG PLAZA, SUITE 101  
LOUISVILLE, KY 40222** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
O'NAN, LES  
9505 WILLIAMSBURG PLAZA, SUITE 101  
LOUISVILLE, KY 40222** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
VASWANI, NEIL  
2640 GOLDEN GATE PARKWAY, SUITE 205  
NAPLES, FL 34103** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
MALONE, ZACH  
2640 GOLDEN GATE PARKWAY, SUITE 205  
NAPLES, FL 34103** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**2210 Vanderbilt Beach Road Suite 1203  
Naples, FL 34109** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**2210 Vanderbilt Beach Road Suite 1203  
Naples, FL 34109** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:**

*Zach Malone*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*3/5/07*  
Date

*239-280-5790*  
Daytime Phone #