

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000004871

Entity Name: EMPOWER NETWORK LLC

**FILED**  
**Mar 08, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3160 9TH AVE NORTH  
ST PETERSBURG, FL 33713

**New Principal Place of Business:**

3530 1ST AVE NORTH  
SUITE #221  
ST PETERSBURG, FL 33713

**Current Mailing Address:**

3160 9TH AVE NORTH  
ST PETERSBURG, FL 33713

**New Mailing Address:**

3530 1ST AVE NORTH  
SUITE #221  
ST PETERSBURG, FL 33713

FEI Number: 45-3306375

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

NRAI SERVICES, INC.  
515 EAST PARK AVE  
TALLAHASSEE, FL 32301 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: MGR  
Name: SHARPE, DAVID  
Address: 3530 1ST AVE NORTH, SUITE #221  
City-St-Zip: ST PETERSBURG, FL 33713

Title: MGR  
Name: WOOD, DAVID  
Address: 3530 1ST AVE NORTH, SUITE #221  
City-St-Zip: ST PETERSBURG, FL 33713

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: DAVID SHARPE

MGR

03/08/2012

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