

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000026702

**Entity Name:** EMPOWERMENT CONSULTANTS AND ASSOCIATES, LLC

**Current Principal Place of Business:**

2153 SE HAWTHORNE RD  
SUITE 101  
GAINESVILLE, FL 32641

**Current Mailing Address:**

P.O. BOX 5032  
GAINESVILLE, FL 32627 US

**FEI Number:** 76-0755051

**Certificate of Status Desired:** No

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

GAY, SEZRA C  
2153 SE HAWTHORNE RD  
SUITE 101  
GAINESVILLE, FL 32641 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name GAY, SEZRA C  
Address P.O. BOX 5032  
City-State-Zip: GAINESVILLE FL 32627

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SEZRA GAY

MGR

04/30/2023

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date