

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000026702

Entity Name: EMPOWERMENT CONSULTANTS AND ASSOCIATES, LLC

Current Principal Place of Business:

1920 SE 50 TH STREET
GAINESVILLE, FL 32641

Current Mailing Address:

P.O. BOX 141564
GAINESVILLE, FL 32641 US

FEI Number: 76-0755051

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GAY, SEZRA C
1920 SE 50 TH STREET
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 141564
City-State-Zip: GAINESVILLE FL 32614

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

04/28/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date