

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000042356

**Entity Name:** EMPOWERMENT CONSULTANTS, LLC

**Current Principal Place of Business:**

9340 LAGOON PLACE  
406  
DAVIE, FL 33324

**FILED**  
**Apr 29, 2023**  
**Secretary of State**  
**0504058944CC**

**Current Mailing Address:**

9340 LAGOON PLACE  
406  
DAVIE, FL 33324 US

**FEI Number: 75-3214762**

**Certificate of Status Desired: No**

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

JAMES, SEBRINA  
9340 LAGOON PLACE  
406  
DAVIE, FL 33324 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 JAMES, SEBRINA  
Address 9340 LAGOON PLACE  
City-State-Zip: DAVIE FL 33324

Title MGRM  
Name BATES, DAMON  
Address 731 N PINE ISLAND ROAD #103  
City-State-Zip: PLANTATION FL 33324

*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: SEBRINA JAMES**

**MGR**

**04/29/2023**

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

\_\_\_\_\_  
Date