## 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.

MGR

## SIGNATURE: SEBRINA JAMES

Electronic Signature of Signing Authorized Person(s) Detail

JAMES, SEBRINA 8930 W. STATE ROAD 84 #170 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:

## Auth

Title	MGR	Title	MGRM
Name	JAMES, SEBRINA	Name	BATES, DAMON
Address	8930 W STATE RD 84 #170	Address	731 N PINE ISLAND ROAD #103
City-State-Zip:	DAVIE FL 33324	City-State-Zip:	PLANTATION FL 33324

	Electronic Signature of Registered Agent			
norized Person(s) Detail :				
	MGR	Title	MGRM	
e	JAMES, SEBRINA	Name	BATES, DAMON	
ess	8930 W STATE RD 84 #170	Address	731 N PINE ISLAND ROAD #103	

# Entity Name: EMPOWERMENT CONSULTANTS, LLC

## **Current Principal Place of Business:**

8930 WEST STATE ROAD 84 #170 DAVIE, FL 33324

DOCUMENT# L06000042356

## **Current Mailing Address:**

8930 WEST STATE ROAD 84 #170 DAVIE. FL 33324

## FEI Number: 75-3214762

## Name and Address of Current Registered Agent:

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jun 10, 2020 Secretary of State 7441594973CC

Certificate of Status Desired: No

Date

06/10/2020

Date