

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000042356

**Entity Name:** EMPOWERMENT CONSULTANTS, LLC

**Current Principal Place of Business:**

8930 WEST STATE ROAD 84 #170  
DAVIE, FL 33324

**Current Mailing Address:**

8930 WEST STATE ROAD 84 #170  
DAVIE, FL 33324

**FEI Number: 75-3214762**

**Certificate of Status Desired: No**

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

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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name JAMES, SEBRINA  
Address 8930 W STATE RD 84 #170  
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**

**04/30/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date