

2013 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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SEBRINA JAMES

MGR

05/01/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date