

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000280966

**Entity Name:** EMPOWERED PAS, LLC

**Current Principal Place of Business:**

11848 HOLLYHOCK DR.  
LAKEWOOD RANCH, FL 34202

**Current Mailing Address:**

11848 HOLLYHOCK DR.  
LAKEWOOD RANCH, FL 34202 US

**FEI Number:** 84-3900842

**Certificate of Status Desired:** No

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

HUNTER, PA  
2750 STICKNEY POINT RD #206  
SARASOTA, FL 34233 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            AMBR  
Name            TITUS, COURTNEY  
Address        11848 HOLLYHOCK DR.  
City-State-Zip: LAKEWOOD RANCH FL 34202

*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:** COURTNEY TITUS

AMBR

09/01/2025

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

\_\_\_\_\_  
Date