

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000436568

**Entity Name:** SOCIALLY EMPOWERED, LLC

**Current Principal Place of Business:**

161 NE TRIPLET DR  
CASSELBERRY, FL 32707

**Current Mailing Address:**

161 NE TRIPLET DR  
CASSELBERRY, FL 32707

**FEI Number: 87-2981043**

**Certificate of Status Desired: No**

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

ALBRITTON, CHAD D  
161 NE TRIPLET DR  
CASSELBERRY, FL 32707 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                  | Title           | MGR                  |
| Name            | ALBRITTON, CHAD D    | Name            | ALBRITTON, KELLY A   |
| Address         | 161 NE TRIPLET DR    | Address         | 161 NE TRIPLET DR    |
| City-State-Zip: | CASSELBERRY FL 32707 | City-State-Zip: | CASSELBERRY FL 32707 |

*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: CHAD ALBRITTON**

**MGR**

**05/01/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date