

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000005237

**Entity Name:** LIVING AN EMPOWERED LIFE INC.

**Current Principal Place of Business:**

731 19TH STREET  
WEST PALM BAECH, FL 33407

**Current Mailing Address:**

731 19TH STREET  
WEST PALM BAECH, FL 33407 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

LABBE, TRACY  
731 9TH STREET  
WEST PALM BEACH, FL 33407 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

**Officer/Director Detail :**

Title P  
Name LABBE, TRACY  
Address 731 19TH STREET  
City-State-Zip: WEST PALM BEACH FL 33404

Title VP  
Name DEJESUS, ALEX  
Address 1098 A SUMMIT TR CR  
City-State-Zip: WEST PALM BEACH FL 33407

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LABBE TRACY

05/02/2023

Electronic Signature of Signing Officer/Director Detail

Date