

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000051812

FILED  
Mar 26, 2012  
Secretary of State

Entity Name: EPIC 5208, LLC

**Current Principal Place of Business:**

2121 PONCE DE LEON BLVD  
SUITE 1050  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

2121 PONCE DE LEON BLVD  
SUITE 1050  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

FEI Number: 27-2570183      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CONSULTING SERVICE OF SOUTH FLORIDA, INC.  
2121 PONCE DE LEON BLVD  
1050  
CORAL GABLES, FL 33134 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SOGNO BVBA  
Address: 2121 PONCE DE LEON BLVD SUITE 1050  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGRM  
Name: VERSCHUEREN, EMMANUEL  
Address: 2121 PONCE DE LEON BLVD SUITE 1050  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGR  
Name: PFB, S.A.  
Address: 2121 PONCE DE LEON BLVD SUITE 1050  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGRM  
Name: BALCAEN, PAUL  
Address: 2121 PONCE DE LEON BLVD SUITE 1050  
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby certify that the information indicated on this 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.

SIGNATURE: EMMANUEL VERSCHUEREN      MGRM      03/26/2012

\_\_\_\_\_ Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date