

✓ **2906 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000014274

1. Entity Name
EPI-TOWNSEND, LLC



Principal Place of Business
**359 CAROLINA AVENUE
WINTER PARK, FL 32789**

Mailing Address
**359 CAROLINA AVENUE
WINTER PARK, FL 32789**

DO NOT WRITE IN THIS SPACE



01032008 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
65-1186029

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DOWNING, GRANT T
222 WEST COMSTOCK AVENUE, SUITE 101
WINTER PARK, FL 32789**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PUGH, JAMES H JR
359 CAROLINA AVENUE
WINTER PARK, FL 32789**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
JACOBY, GREG
359 CAROLINA AVENUE
WINTER PARK, FL 32789**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
RIVA, KYLE D
359 CAROLINA AVENUE
CHRISTMAS, FL 32709**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000454777
03/15/06-80029-003 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 609, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

1/4/06

Daytime Phone # _____