

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000018587

**Entity Name:** EPIPHANY SOUTH MIAMI 602A ENTERPRISES LLC

**Current Principal Place of Business:**

1805 PONCE DE LEON BLVD  
SUITE 400  
CORAL GABLES, FL 33134

**Current Mailing Address:**

1805 PONCE DE LEON BLVD  
SUITE 400  
CORAL GABLES, FL 33134 US

**FEI Number:** 38-3655628

**Certificate of Status Desired:** No

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

JLG CORPORATE SERVICES INC  
1805 PONCE DE LEON BLVD  
SUITE 400  
CORAL GABLES, FL 33134 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:** JORGE L. GURIAN, ESQ.

03/14/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name HERNANDEZ BRUZUAL, JUAN FRANCISCO  
Address 1805 PONCE DE LEON BLVD SUITE 400  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name HERNANDEZ, JUAN HERNANDEZ  
Address 1805 PONCE DE LEON BLVD SUITE 400  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name HERNANDEZ BRUZUAL, MARIA JOSE  
Address 1805 PONCE DE LEON BLVD SUITE 400  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name BRUZUAL DE HERNANDEZ, OLGA  
Address 1805 PONCE DE LEON BLVD SUITE 400  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name HERNANDEZ BRUZUAL, OLGA CRISTINA  
Address 1805 PONCE DE LEON BLVD SUITE 400  
City-State-Zip: CORAL GABLES FL 33134

*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:** JUAN HERNANDEZ HERNANDEZ

MGR

03/14/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date