

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000000086

Entity Name: EPIL SAXON, LLC**Current Principal Place of Business:**221 SOUTH KNOWLES AVENUE
WINTER PARK, FL 32789**Current Mailing Address:**P. O. BOX 3010
WINTER PARK, FL 32790**FEI Number:** 59-2100361**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BATTAGLIA, W.P.
221 SOUTH KNOWLES AVENUE
WINTER PARK, FL 32789 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	MGRM
Name	EMBREE PARKER INVESTMENTS,
Address	P.O. BOX 3010
City-State-Zip:	WINTER PARK FL 32790

Title	PTD
Name	BATTAGLIA, W. P.
Address	P. O. BOX 3010
City-State-Zip:	WINTER PARK FL 32790

Title	VPAS
Name	BATTAGLIA, R. E.
Address	P. O. BOX 3010
City-State-Zip:	WINTER PARK FL 32790

Title	VPAS
Name	BUTTS, ANSLEY
Address	P.O. BOX 3010
City-State-Zip:	WINTER PARK FL 32790

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: W.P. BATTAGLIA**PRESIDENT****03/19/2019**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date