

**2013 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 VPSD  
Name BATTAGLIA, R. E.  
Address P. O. BOX 3010  
City-State-Zip: WINTER PARK FL 32790

Title VPAS  
Name BUTTS, DANIEL H  
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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** W. P. BATTAGLIA

**PRESIDENT**

**04/22/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date