

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000051812

**Entity Name:** EPIC 5208, LLC

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 27-2570183

**Certificate of Status Desired:** No

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

CONSULTING SERVICE OF SOUTH FLORIDA, INC.  
2121 PONCE DE LEON BLVD  
1050  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGRM
Name	SOGNO BVBA	Name	VERSCHUEREN, EMMANUEL
Address	2121 PONCE DE LEON BLVD SUITE 1050	Address	2121 PONCE DE LEON BLVD SUITE 1050
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134
Title	MGR	Title	MGRM
Name	PFB, S.A.	Name	BALCAEN, PAUL
Address	2121 PONCE DE LEON BLVD SUITE 1050	Address	2121 PONCE DE LEON BLVD SUITE 1050
City-State-Zip:	CORAL GABLES FL 33134	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:** EMMANUEL VERSCHUEREN

**MGRM**

**04/07/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail Date