

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000118888

**Entity Name:** EPIC PARTNERS, LLC

**Current Principal Place of Business:**

36 NE 1ST STREET  
SUITE 745  
MIAMI, FL 33132

**Current Mailing Address:**

36 NE 1ST STREET  
SUITE 745  
MIAMI, FL 33132

**FEI Number:** 27-3965435

**Certificate of Status Desired:** Yes

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

SCHWEIGER, MIKE  
6173 NORTHWEST 53 CIRCLE  
CORAL SPRINGS, FL 33067 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 FRANCO, IVAN  
Address 36 NE 1ST STREET SUITE 745  
City-State-Zip: MIAMI FL 33132  
  
Title MGR  
Name SCHOFIELD, KENNETH J  
Address 150 N UNIVERSITY BLVD SUITE 220  
City-State-Zip: PLANTATION FL 33324

Title MGR  
Name PATREGNANI, PAT  
Address 6320 NW 71ST TERRACE  
City-State-Zip: PARKLAND FL 33067  
  
Title MGR  
Name SCHWEIGER, MIKE  
Address 6173 NORTHWEST 53 CIRCLE  
City-State-Zip: CORAL SPRINGS FL 33067

*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:** MIKE SCHWEIGER

**SECRETARY**

**04/28/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date