

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000061213

Entity Name: EPI-OPPORTUNITY II, LLC**Current Principal Place of Business:**359 CAROLINA AVENUE
SUITE 200
WINTER PARK, FL 32789**Current Mailing Address:**359 CAROLINA AVENUE
SUITE 200
WINTER PARK, FL 32789 US**FEI Number:** 46-2643152**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DOWNING, GRANT T
222 WEST COMSTOCK AVENUE
SUITE 101
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	PUGH, JAMES H JR
Address	359 CAROLINA AVENUE, SUITE 200
City-State-Zip:	WINTER PARK FL 32789

Title	MGRM
Name	JACOBY, GREG
Address	359 CAROLINA AVENUE, SUITE 200
City-State-Zip:	WINTER PARK FL 32789

Title	MGRM
Name	RIVA, KYLE D
Address	359 CAROLINA AVENUE, SUITE 200
City-State-Zip:	WINTER PARK FL 32789

Title	AUTHORIZED MEMBER
Name	COBALT CAPITAL, INC
Address	120 E. MARKS ST SUITE 225
City-State-Zip:	ORLANDO FL 32803

Title	AUTHORIZED MEMBER
Name	SAND, JUSTIN
Address	359 CAROLINA AVENUE SUITE 200
City-State-Zip:	WINTER PARK FL 32789

Title	AUTHORIZED MEMBER
Name	DAVIS, JOHN M
Address	359 CAROLINA AVENUE SUITE 200
City-State-Zip:	WINTER PARK FL 32789

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: GREG JACOBY

MGRM

01/11/2014

Electronic Signature of Signing Authorized Person(s) Detail_____
Date