

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000149516

**Entity Name:** EPI-PARMER LANE III, LLC

**Current Principal Place of Business:**

359 CAROLINA AVE #200  
WINTER PARK, FL 32789

**Current Mailing Address:**

359 CAROLINA AVE #200  
WINTER PARK, FL 32789 US

**FEI Number:** 47-2906180

**Certificate of Status Desired:** No

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

DOWNING, GRANT T  
222 W COMSTOCK AVE #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 AUTHORIZED MEMBER  
Name PUGH, JAMES H JR.  
Address 359 CAROLINA AVE #200  
City-State-Zip: WINTER PARK FL 32789

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

Title AUTHORIZED MEMBER  
Name DAVIS, MCCARLEY  
Address 359 CAROLINA AVE #200  
City-State-Zip: WINTER PARK FL 32789

Title AUTHORIZED MEMBER  
Name B. EST PARTNERS, LTD  
Address 116 7TH NE  
City-State-Zip: ST. PETERSBURG FL 33701

Title AUTHORIZED MEMBER  
Name CHIAPPA, ALLYSON  
Address 359 CAROLINA AVE #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:** ALLYSON CHIAPPA

AMBR

04/21/2017

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

\_\_\_\_\_  
Date