

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000031417

**Entity Name:** EPIPHANY LIFE, LLC

**Current Principal Place of Business:**

1974 MIDYETTE ROAD SUITE 1105  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

1974 MIDYETTE ROAD SUITE 1105  
TALLAHASSEE, FL 32301

**FEI Number: 83-3473150**

**Certificate of Status Desired: No**

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

NERO, DESIREE S  
1974 MIDYETTE ROAD SUITE 1105  
TALLAHASSEE, FL 32301 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 MMBR  
Name NERO, DESIREE S  
Address 1974 MIDYETTE ROAD SUITE 1105  
City-State-Zip: TALLAHASSEE FL 32301

Title MBR  
Name SMITH, ANTONIA S  
Address 1974 MIDYETTE ROAD SUITE 1105  
City-State-Zip: TALLAHASSEE FL 32301

Title MBR  
Name WIMS, DAISHAWN KELLEY  
Address 1974 MIDYETTE ROAD SUITE 1105  
City-State-Zip: TALLAHASSEE FL 32301

Title AUTHORIZED MEMBER  
Name BROOKS, EVANGELINA  
Address 2047 DYREHAVEN CT.  
City-State-Zip: TALLAHASSEE FL 32317

*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: DESIREE S NERO**

**OWNER/CEO**

**05/01/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date