

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000114875

**Entity Name:** EPIC TRANSFORMATION, LLC

**Current Principal Place of Business:**

137 NW MAGNOLIA LAKES BLVD  
PORT ST LUCIE, FL 34986

**Current Mailing Address:**

137 NW MAGNOLIA LAKES BLVD  
PORT ST LUCIE, FL 34986 US

**FEI Number:** 83-4556538

**Certificate of Status Desired:** No

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

GORDON-WHYTE, GIAN  
1 AEROPOST WAY  
MIAMI, FL 33206 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  
Name HINES, STACEY  
Address 137 NW MAGNOLIA LAKES BLVD  
City-State-Zip: PORT ST LUCIA FL 34986

*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:** STACEY HINES

MGR

04/27/2024

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

\_\_\_\_\_ Date