

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000306572

**Entity Name:** EPICPRO FINANCIAL MANAGEMENT, LLC

**Current Principal Place of Business:**

100 PARNELL ST  
SUITE G  
MERRITT ISLAND, FL 32953

**Current Mailing Address:**

100 PARNELL ST  
SUITE G  
MERRITT ISLAND, FL 32953

**FEI Number:** 84-3997722

**Certificate of Status Desired:** No

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

COAPSTICK, TERRY  
100 PARNELL ST  
SUITE G  
MERRITT ISLAND, FL 32953 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, GENERAL PARTNER  
Name COAPSTICK, TERRY R  
Address 100 PARNELL ST, STE G  
City-State-Zip: MERRITT ISLAND FL 32953

Title AMBR, GENERAL PARTNER  
Name WHALEY, KYLE D  
Address 10209 BENTWOOD CIRCLE  
City-State-Zip: HIGHLANDS RANCH CO 80126

Title AMBR, GENERAL PARTNER  
Name GILLISS, MICHAEL  
Address 5042 WHITEWATER WAY  
City-State-Zip: ST. CLOUD FL 34771

*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:** TERRY R COAPSTICK

MANAGING PARTNER

02/06/2023

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

\_\_\_\_\_  
Date