

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000291876

**Entity Name:** EPIC CAPITAL PARTNERS

**Current Principal Place of Business:**

175 2ND ST SOUTH  
1111  
SAINT PETERSBURG, FL 33701

**Current Mailing Address:**

175 2ND ST SOUTH  
1111  
SAINT PETERSBURG, FL 33701

**FEI Number:** 87-1371745

**Certificate of Status Desired:** No

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

CLENDENIN, DAVID  
175 2ND ST SOUTH  
1111  
SAINT PETERSBURG, FL 33701 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 CLENDENIN, DAVID  
Address 175 2ND ST S #1111  
City-State-Zip: ST PETERSBURG FL 33701

Title AMBR  
Name CILENTO, BART  
Address 6 DEVONSHIRE DRIVE  
City-State-Zip: CANTON MA 02021

Title AMBR  
Name ALRAYASHI, WALID  
Address 345 POND STREET  
City-State-Zip: WESTWOOD MA 02090

Title AMBR  
Name SHUKLA, AVINASH  
Address 3 PERRY LANE  
City-State-Zip: DOVER MA 02030

*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:** DAVID CLENDENIN

MGR

01/29/2022

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

\_\_\_\_\_  
Date