

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000198640

**Entity Name:** URBAN EPIPHANY LLC

**Current Principal Place of Business:**

177 E. GRAVES AVE  
STE. B  
ORANGE CITY, FL 32763

**Current Mailing Address:**

177 E. GRAVES AVE  
STE. B  
ORANGE CITY, FL 32763 US

**FEI Number:** 88-1981199

**Certificate of Status Desired:** No

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

HOLMES, GINA  
514 WOODFORD DR  
DEBARY, FL 32713 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	AMBR	Title	AMBR
Name	HOLMES, GINA	Name	TAYLOR, JENNIFER M
Address	514 WOODFORD DR	Address	1319 N OLD MILL DR
City-State-Zip:	DEBARY FL 32713	City-State-Zip:	DELTONA FL 32725
Title	AMBR		
Name	HOLMES, CHAD M		
Address	222 BLANCHE PLACE		
City-State-Zip:	DAYTONA BEACH FL 32114		

*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:** HOLMES, GINA

AMBR

04/27/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date