

FILED
Mar 18, 2003 8:00 am
Secretary of State

03-18-2003 90149 047 *****50.00

The seal of the State of Florida is a circular emblem. It features a central figure of a woman, likely representing Justice or Liberty, holding a scale and a sword. The text "GREAT SEAL OF THE STATE OF FLORIDA" is inscribed around the top, and "IN GOD WE TRUST" is at the bottom.

EPIC TITLE SERVICES OF TARPON SPRINGS, L.L.C.

Mailing Address

101 MAIN STREET SUITE A
SAFETY HARBOR FL 34695

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Zip

Country

Applied For

Not Applicable

☐

\$5.00 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

10.	ADDITIONS/CHANGES
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 Delete

Delete

 Delete

❏ Delete

☐ Delete

 Delete

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____

Daytime Phone #

1-06-03 727 746 2720

CR2E083 (10/02)