

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90039 031 ***150.00

DOCUMENT # L01000021531

1. Entity Name
EPIS, LLC



Principal Place of Business

12545 ORANGE DR
503
DAVIE, FL 33330

Mailing Address

12545 ORANGE DR
503
DAVIE, FL 33330

14007420



04082005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

80-0003573

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SINGER, BERNARD A ESQ.
4925 A SHERIDAN STREET
HOLLYWOOD, FL 33021

NEW ADDRESS:
3107 STIRLING RD.
SUITE 105
FT. LAUDERDALE, FL 33312

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
REIFKIND, ELIOT P MEMBER
1245 ORANGE DR STE 503
DAVIE, FL 33330

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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CITY - ST - ZIP

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IN THIS SPACE**

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:

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

Date

Daytime Phone #

ELIOT P. REIFKIND
MANAGING MEMBER

4/21/05