

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000021531

Entity Name: EPIS, LLC

**FILED**  
**Feb 08, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

12545 ORANGE DR  
503  
DAVIE, FL 33330

**New Principal Place of Business:**

**Current Mailing Address:**

12545 ORANGE DR  
503  
DAVIE, FL 33330

**New Mailing Address:**

FEI Number: 80-0003573

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

REIFKIND, ELIOT P  
12545 ORANGE DR  
SUITE 503  
DAVIE, FL 33330 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: REIFKIND, ELIOT P MEMBER  
Address: 12545 ORANGE DR STE 503  
City-St-Zip: DAVIE, FL 33330

Title: MEMB  
Name: REIFKIND, SANDRA C MEMBER  
Address: 12545 ORANGE DR STE 503  
City-St-Zip: DAVIE, FL 33330

Title: MEMB  
Name: THOMPSON, NICHOLAS R  
Address: 12545 ORANGE DR STE 503  
City-St-Zip: DAVIE, FL 33330

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ELIOT P REIFKIND

MGR

02/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date