

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90010 050 ****50.00

DOCUMENT # L01000021531

1. Entity Name
EPIS, LLC



Principal Place of Business

**13159 SOUTHWEST 43RD STREET
DAVIE FL 33330**

Mailing Address

**13159 SOUTHWEST 43RD STREET
DAVIE FL 33330**

2. Principal Place of Business

12545 Orange Drive

Suite, Apt. #, etc.

503

City & State

Davie, FL

Zip

33330

Country

USA

3. Mailing Address

12545 Orange Drive

Suite, Apt. #, etc.

503

City & State

Davie, FL

Zip

33330

Country

USA



☒ CHECK HERE IF MAKING CHANGES

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**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/25/03

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
REIFKIND, ELIOT P MEMBER
13159 SOUTHWEST 43RD STREET
DAVIE FL 33330** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
REIFKIND, ELIOT P Member
12545 Orange Drive, Suite 503
Davie, FL 33330** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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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 REQUIRED

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

Date

Daytime Phone #

3/25/03 954-370-5152

CR2E083 (10/02)