

L02000017701

9:21



**LIMITED LIABILITY
COMPANY
RESTATEMENT**

**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000017701

1. Limited Liability Company's Name
**EPC Holdings 545, LLC
1996 Seward Avenue
Naples FL 34109-1928**

2. Principal Office Address
1996 Seward Avenue

3. Mailing Office Address
Same

State, Apt. #, etc.

State, Apt. #, etc.

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida **7/15/02**

City & State
Naples, FL

City & State

6. FB Number
59-1845813

Applies For
☐ Yes
☒ Not Applicable

Zip
34109-1928

Country
USA

Zip

Country

7. CERTIFICATE OF STATUS DESIRED ☒

II. Name and Address of Current Registered Agent

Name
Naples-Lawdock, Inc.

Street Address (P.O. Box Number is Not Acceptable)
1395 Panther Lane

State, Apt. #, Etc.
Suite 300

City
Naples

State
FL

Zip Code
34109-7874

III. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **10/30/03**

IV. Name and Street Address of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
P	Steven D. Lawson	1996 Seward Avenue	Naples, FL 34109
SH	Walter J. Davis, Jr.	1996 Seward Avenue	Naples, FL 34109

IV. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 605, F.S. I further certify that when this reinstatement application has been authorized, the limited liability company name satisfies the requirements of section 605.403, F.S., and that all fees owed by the limited liability company have been paid. The information included on this application is true and accurate, and my signature shall have the same legal effect as I made under oath.

Signature of
Managing Member/Manager

Date **10/28/03** Daytime Phone # **239-597-6043**

Type of original name of signing Managing Member/Manager **Steven D. Lawson**

FILED

03 OCT 31 AM 9:21

Florida Department of State
Division of Corporations
Public Access System

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000306230 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : QUARLES & BRADY LLP
Account Number : I20000000067
Phone : (239) 262-5959
Fax Number : (239) 434-4999

LIMITED LIABILITY REINSTATEMENT

EPC HOLDINGS 545, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$155.00

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

03 OCT 30 PM 3:07

RECEIVED

Electronic Filing Menu

Corporate Filing

Public Access Help