

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000027827

1. Entity Name
EPSILON, L.L.C.



Principal Place of Business
7509 STATE ROAD 52, SUITE 210
HUDSON, FL 34667

Mailing Address
7509 STATE ROAD 52, SUITE 210
HUDSON, FL 34667

FILED
Sep 09, 2008 08:00 AM
Secretary of State



07112008 No Chg-LLC

CR2E083 (12/07)

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4. FEI Number
14-1851772

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

GASSMAN, ALAN S
1245 COURT STREET SUITE 102
CLEARWATER, FL 33756

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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

FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MEDICAL ASSOCIATES OF WEST FLORIDA LLP
STREET ADDRESS	7509 STATE ROAD 52, SUITE 210
CITY-ST-ZIP	HUDSON, FL 34667

TITLE	
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09/09/08-80002-004 538.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #