

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000000869

1. Entity Name
EPS, LLC



Principal Place of Business
3500 SW CORPORATE PKWY
PALM CITY, FL 34990

Mailing Address
3500 SW CORPORATE PKWY
PALM CITY, FL 34990



03282007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1654421

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOOGE, HOWARD E JR, ESQ
401 E. OSCEOLA STREET
STUART, FL 34994

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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 (re)registering)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

U00000688237
04/10/07-80071-015 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SABIN, CHARLES H
3500 SW CORPORATE PKWY
PALM CITY, FL 34990

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
EJUPS, ALDIS
3500 SW CORPORATE PKWY
PALM CITY, FL 34990

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PRINCE, JOEL
917 CENTRAL PKWY
STUART, FL 34994

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 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 #