

FILED
Mar 01, 2004 8:00 am
Secretary of State

1/20

01-20-2004 90204 043 ****50.00

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000013295					
1. Entry Name EPIC HOLDINGS SOUTH, LLC					
Principal Place of Business 139 BAYSIDE DR. CLEARWATER BEACH, FL 33767			Mailing Address 139 BAYSIDE DR. CLEARWATER BEACH, FL 33767		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 86-1050936				Accepted For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent ZIOLA, THOMAS 139 BAYSIDE DR. CLEARWATER BEACH, FL 33767			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when filing.)					
Filing Fee is \$50.00 Due by May 1, 2004.			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS					
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete	
	President	Thomas Ziola	139 Bayside Dr	Clearwater Beach, FL 33767	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete	
10. ADDITIONS/CHANGES					
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: <i>Thomas Ziola</i> Thomas Ziola <i>5/15/2004</i>					

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Corrected 2/4/04