

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 20, 2005 8:00 am**  
**Secretary of State**

07-20-2005 90066 044 \*\*\*\*50.00

**DOCUMENT # L03000014274**

1. Entity Name  
EPI-TOWNSEND, LLC



Principal Place of Business  
359 CAROLINA AVENUE  
WINTER PARK, FL 32789

Mailing Address  
359 CAROLINA AVENUE  
WINTER PARK, FL 32789

**DO NOT WRITE IN THIS SPACE**



06282005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
65-1186029

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

DOWNING, GRANT T  
222 WEST COMSTOCK AVENUE, SUITE 101  
WINTER PARK, FL 32789

**DO NOT WRITE  
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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 7, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
PUGH, JAMES H JR  
359 CAROLINA AVENUE  
WINTER PARK, FL 32789

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
JACOBY, GREG  
359 CAROLINA AVENUE  
WINTER PARK, FL 32789

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
RIVA, KYLE D  
359 CAROLINA AVENUE  
CHRISTMAS, FL 32709

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 606, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

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

Date

Daytime Phone #