

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000060086

Entity Name: EPOCH USA, LLC

FILED
Oct 04, 2006
Secretary of State

Current Principal Place of Business:

3045 DRIFTWOOD WAY
SUITE 3706
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

3045 DRIFTWOOD WAY
SUITE 3706
NAPLES, FL 34109

New Mailing Address:

C/O PAULICH, SLACK & WOLFF, P.A.
5147 CASTELLO DRIVE
NAPLES, FL 34103

FEI Number: 20-3385891 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATE REGISTERED AGENT, LLC
5147 CASTELLO DRIVE
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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.

SIGNATURE: CASEY WOLFF, AS ITS MEMBER

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: EGGLETON, STEVE
Address: 3045 DRIFTWOOD WAY, SUITE 3706
City-St-Zip: NAPLES, FL 34109

Title: MGRM () Delete
Name: CLEVELEY, DAVID
Address: 3045 DRIFTWOOD WAY, SUITE 3706
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEVE EGGLETON

MGRM

10/04/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date