

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90306 047 ****50.00

DOCUMENT # L06000053136

1. Entity Name
EPOCH-INTERNATIONAL DRIVE, LLC



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

Mailing Address
359 CAROLINA AVENUE
WINTER PARK, FL 32789 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-4926267

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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 May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
MGRM
RIVA, KYLE D
STREET ADDRESS
359 CAROLINA AVENUE
CITY-ST-ZIP
WINTER PARK, FL 32789 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/17/07

Daytime Phone #