


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90050 026 ****50.00

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|--|---------------------------------|---|--|---|--|
| DOCUMENT # L06000088666 1. Entity Name EPIC DETAIL COMPANY, LC | | | |  | |
| Principal Place of Business 8 WILSON PLACE PALM COAST, FL 32164 US | | | Mailing Address 1335 NORTH CENTRAL FLAGLER BEACH, FL 32136 US | | |
| 2. Principal Place of Business - No P.O. Box # 1335 North Central Ave. | | 3. Mailing Address 200 Canopy Walk Ln. | | | |
| Suite, Apt. #, etc. 214 | | Suite, Apt. #, etc. 214 | | | |
| City & State Flagler Beach, FL | | City & State Palm Coast, FL | | | |
| Zip 32136 | | Country US | | Zip 32137 | |
| Country US | | Country US | | | |
| 4. FEI Number 04122007 Chg-LLC CR2E083 (12/06) | | | Applied For <input checked="" type="checkbox"/> Not Applicable | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent WILMOT, JUSTIN 8 WILSON PLACE PALM COAST, FL 32164 | | | 7. Name and Address of New Registered Agent Name: Justin Wilmet Street Address (P.O. Box Number is Not Acceptable): 200 Canopy Walk Ln Apt # 214 City: Palm Coast FL Zip Code: 32137 | | |
| 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: <u>Justin Wilmet</u> (NOTE: Registered Agent signature required when re-registering) DATE: <u>4/26/07</u> | | | | | |
| 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 STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
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| 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: <u>Justin Wilmet</u> <u>Justin Wilmet</u> DATE: <u>4/26/07</u> 3805038084 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |