


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90124 021 ***138.75

DOCUMENT # L07000036413 1. Entity Name EPC, LLC					
Principal Place of Business 1605 MAIN STREET 700 SARASOTA, FL 34236			Mailing Address 1605 MAIN STREET 700 SARASOTA, FL 34236		
2. Principal Place of Business - No P.O. Box # 1605 MAIN ST.			3. Mailing Address 1605 MAIN ST.		
Suite, Apt. #, etc. 900			Suite, Apt. #, etc. 900		
City & State SARASOTA, FL			City & State SARASOTA, FL		
Zip 34236		Country USA		Zip 34236	
Country USA		4. FEI Number 20-8900884			
5. Certificate of Status Desired <input type="checkbox"/> Additional Fee Required					
6. Name and Address of Current Registered Agent PETERSON, RENNO L 1605 MAIN STREET 700 SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name RENNO L. PETERSON Street Address (P.O. Box Number is Not Acceptable) 1605 MAIN ST. STE. 900 City SARASOTA FL Zip Code 34236		
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><i>Renno L. Peterson</i></u> DATE 4/7/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PETERSON, RENNO L 1605 MAIN STREET, SUITE 700 SARASOTA, FL 34236	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1605 MAIN STREET, SUITE 900 SARASOTA, FL 34236	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ESPERTI, ROBERT A 7288 CLOUD CANYON PLACE TUCSON, AZ 85718	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAHOONE, DAVID K 1605 MAIN STREET, SUITE 700 SARASOTA, FL 34236	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1605 MAIN STREET, SUITE 900 SARASOTA, FL 34236	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Renno L. Peterson</i></u>			Date 4/7/08		Daytime Phone # 941-365-4819