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(Re	questor's Name)				
	dress)				
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(Ad	dress)				
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	₩AIT	MAIL			
(Business Entity Name)					
(Document Number)					
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2015 NOV 30 PM 2: 44 SECRETARY OF STATE

M. SAMPLE OF STREET

## COVER LETTER

	ision of Corporations		
SUBJECT:	Epic Shores, LLC		
SUBJECT.	Name of I	Limited Liability Com	pany
Dear Sir or N	/ladam:		
The enclosed	Statement of Authority and fee(s) ar	e submitted for filing.	
Please return	all correspondence concerning this n	natter to the following	Ç.
Kelly Pitc	her		
	Name of Person		
Merideth	Nagel, P.A.		
	Firm/Company		
1201 W. I	Hwy 50		
	Address		
Clermont,	Florida 34711		
	City/State and Zip Code		
kelly.pitch	ner@mnagellaw.com		
E-m	nail address: (to be used for future and	nual report notification	n)
For further in	formation concerning this matter, ple	ease call:	
Kelly Pitcl	her	352	394-7408
	Name of Person	Area Code	Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

## STATEMENT OF AUTHORITY

authority	:	limited liability company submits the following statement of		
FIRST:	The name of the limited liability company is:	Epic Shores, LLC	,	
SECON	D: The Florida Document Number of the limi	ited liability company is: L14000/346//		
	The street address of the limited liability con 655 West Highway 50			4
	Suita 104		2015 NOV 30	77
	Clarmont Elerida 24711		30	FILED
	The mailing address of the limited liability of 277 Locust Street	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PH 2: 1	0
	Suite A		01	;· *
	Dover, NH 03820			
	n the following:	real property held in the name of the company.  agel, Esq.		
	b. No authority granted to:	•		
	2. May enter into other transactions on beh a. Granted to : Merideth C. N	half of, or otherwise act for or bind, the company.  Nagel, Esq.		
	b. No authority granted to:			
Signatu.	e of authorized representative	Joseph T. Clayton, Jr.  Typed or printed name of signature		

Filing Fee:

\$25.00 Certified Copy: \$30.00 (optional)

CR2E138 (2/14)