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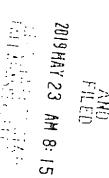
| (Re | equestor's Name) | | | |
|---|--------------------|-------------|--|--|
| (Ac | Idress) | | | |
| (Ac | ldress) | | | |
| (Cit | ty/State/Zip/Phone | e #) | | |
| PICK-UP | MAIT | MAIL | | |
| (Bu | rsiness Entity Nan | ne) | | |
| (Document Number) | | | | |
| Certified Copies | Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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JUN 18 2019

COVER LETTER

| TO: Registration Section Division of Corporations | | | | |
|--|-----------------------------------|---|------------|--------|
| EPG PARRISH, LLC | | | | |
| | f Limited Liability Con | ıpany | | - |
| Dear Sir or Madam: | | | | |
| The enclosed Statement of Authority and fee(s) a | are submitted for filing. | | | |
| Please return all correspondence concerning this | matter to the following | ŗ. | | |
| JEFFERY S. HILLS | | | | |
| Name of Person | - | • | 1 × 2 | 107 |
| EPG PARRISH, LLC | | | | TWHELD |
| Firm/Company | | - | | 7 |
| 111 S. ARMENIA AVE.; SUITE 201 | | | | |
| Address | <u> </u> | • | | — ∝ |
| TAMPA, FL 33609 | | | | CT |
| City/State and Zip Code | | | | |
| BROSE@EISENHOWERPROPERT | YGROUP.COM | | | |
| E-mail address: (to be used for future ar | nnual report notification | 1) | | |
| For further information concerning this matter, p | lease call: | | | |
| JEFFERY S. HILLS | 813 at (| 363-4888 | | |
| Name of Person | Area Code | Daytime Teleph | one Number | - |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | Registrat Division P.O. Box | IG ADDRESS: ion Section of Corporations 6327 sec, Florida 32314 | | |

STATEMENT OF AUTHORITY

| authority | to section 605.0302(1), Florida Statutes, this limited liability company submits the follows: The name of the limited liability company is: EPG PARRISH, LLC | ome guo | CHICH | OI . |
|-------------|--|-----------|-------------|-------------|
| | The name of the limited liability company is: | | | |
| SECON | D: The Florida Document Number of the limited liability company is: | 8 | | |
| | The street address of the limited liability company's principal office is: 111 S. ARMENIA AVE. | | | |
| | SUITE 201 | - | | |
| | TAMPA, FL 33609 | - | | |
| | The mailing address of the limited liability company's principal office is: 111 S. ARMENIA AVE. | | | |
| • | SUITE 201 | - | | |
| , | TAMPA, FL 33609 | - | | |
| | May execute an instrument transferring real property held in the name of the company a. Granted to: NICHOLAS J. DISTER | y. Etc | 2019 MAY 23 | |
| | b. No authority granted to: | | 23 AM 8: | AND LED |
| ÷ | 2. May enter into other transactions on behalf of, or otherwise act for or bind, the compa. a. Granted to: NICHOLAS J. DISTER | any, | 15 | |
| | b. No authority granted to: | | | |
| S: | JEFFERY S. HILLS | · | | |
| orginature. | of authorized representative Typed or printed name of Filing Fee: \$25.00 Certified Copy: \$30.00 (optional) | signatu | re | |

CR2E138 (2/14)