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COVER LETTER

TO: Registration Section Division of Corporations			
EPG PASCO, LLC SUBJECT:			
Name of Lim	ited Liability Comp	any	
Dear Sir or Madam:			
The enclosed Statement of Authority and fee(s) are su	abmitted for filing.		
Please return all correspondence concerning this matt	er to the following:		
BRIAN ROSE			Effective 7/1/2026
Name of Person			CfRCIIVE
EPG PASCO, LLC			1.11126
Firm/Company	=		7/7/200
III S. ARMENIA AVE.; SUITE 201			, , ,
Address			
TAMPA, FL 33609			
City/State and Zip Code			
BROSE@EISENHOWERPROPERTYGROUP.COM	1		
E-mail address: (to be used for future annua	d report notification))	٠.
For further information concerning this matter, please	e call:		-
BRIAN ROSE	813 at ()	610-3043	n
Name of Person	Area Code	Daytime Tel	ephone Number

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of

authority:) II C		
FIRST:	The name of the limited liability company is:EPG PASCO	, LEC		
SECONI	2: The Florida Document Number of the limited liability cor	npany is:		
THIRD:	The street address of the limited liability company's principal 111 S. ARMENIA AVE.	al office is:		
-	SUITE 201			
-	TAMPA, FL 33609			
	The mailing address of the limited liability company's prince 111 S. ARMENIA AVE.	eipal office is:		
-	SUITE 201			
-	TAMPA, FL 33609			
person on	of a person in a company, whether as a member, transferee, in the following: 1. May execute an instrument transferring real property helps: a. Granted to: NICHOLAS J. DISTER	d in the name of the company.		
	b. No authority granted to:			
:	2. May enter into other transactions on behalf of, or otherway a. Granted to: NICHOLAS J. DISTER	vise act for or bind, the company.		
	b. No authority granted to:			
,		JEFFERY S. HILLS		
Signature	of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00			

CR2E138 (2/14)