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(F	Requestor's Name)			
Ă)	Address)			
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(0	Dity/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(E	Business Entity Name)			
([Ocument Number)			
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
	Office Use Only			



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COVER LETTER

TO: Registration Section Division of Corporations

EPG TWO RIVERS, LLC

SUBJECT:

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BRIAN ROSE

Name of Person

EPG TWO RIVERS, LLC

Firm/Company

111 S. ARMENIA AVE.; SUITE 201

Address

TAMPA, FL 33609

City/State and Zip Code

BROSE@EISENHOWERPROPERTYGROUP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRIAN ROSE

Name of Person

Mailing Address:

P.O. Box 6327

Registration Section

Division of Corporations

Tallahassee, FL 32314

at (______ Area Code

813

610-3043

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

Davtime Telephone Number

Effective 1/1/2020

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CR2E138 (2/14)

STATEMENT OF AUTHORITY

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

FIRST: The name of the limited liability company is: ______ EPG TWO RIVERS, LLC

SECOND: The Florida Document Number of the limited liability company is:

THIRD: 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

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

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:[] 5.4

1. May execute an instrument transferring real property held in the name of the company.

Granted to:	NICHOLAS J. DISTER	

b. No authority granted to: _____

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to : ______NICHOLAS J. DISTER

b. No authority granted to: ______

XL			JEFFERY S. HILLS	
Signature of authorized representative	Filing Fee:	\$25.00	Typed or printed name of signature	
	Certified Copy: \$30.00 (optional)			