

L210000431770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY  
TALLMAHER, PA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EPG TWO RIVERS III, LLC

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 III, 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

813

610-3043

at ( )

Name of Person

Area Code

Daytime Telephone 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:

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

SECOND: The Florida Document Number of the limited liability company is: L21000431770

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:

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

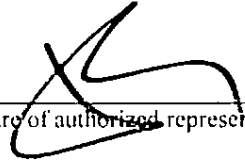
a. Granted to: NICHOLAS J. DISTER

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: \_\_\_\_\_

  
Signature of authorized representative

JEFFERY S. HILLS

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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