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COVER LETTER

TO:	Registration Section Division of Corporations			
SHRIB	EPG TWO RIVERS HOLDINGS VII. LLC			
SUDJE	Name of Limited Liability Co.	mpany		
Dear S	ir or Madam:			
The en	closed Statement of Authority and fee(s) are submitted for filing	<u>'</u> .		
Please	return all correspondence concerning this matter to the following	g:		
BRIAI	N ROSE	EFF. - 10-8-21		
	Name of Person	- 10-0-2-1		
EPG T	WO RIVERS HOLDINGS VII, LLC			
	Firm/Company	_		
111 S.	ARMENIA AVE.; SUITE 201			
	Address	_		
TAMP	PA, FL 33609			
-	City/State and Zip Code	_		
brose@	Deisenhowerpropertygroup.com			
	E-mail address: (to be used for future annual report notificati	on)	202	
For fur	ther information concerning this matter, please call;	ALL/	1001	3
Brian I	Rose 813	610-3043	5	,
	Name of Person Area Code	Daytime Telephone Number	2021 OCT 15 AM 10: 16	ness ta
	Mailing Address:		σ	
	Registration Section	Registration Section		
	Division of Corporations	Division of Corporations		
	P.O. Box 6327	The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

STATEMENT OF AUTHORITY

Pursuant	t to section 605.0302(1). Florida Statutes, this limited liability company submits the following:	ng statemer	it of	
FIRST:	The name of the limited liability company is:EPG TWO RIVERS HOLDINGS VII, LL	C		
SECON	D: The Florida Document Number of the limited liability company is: 1.21000437603			
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			
	of a person in a company, whether as a member, transferee, manager, officer or otherwise con the following: 1. May execute an instrument transferring real property held in the name of the company a. Granted to:	5E.	2021 OCT 15	الدائد.
	b. No authority granted to:	ALLAHASSEE	T 15 AM10:	
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the compa. a. Granted to: NICHOLAS J. DISTER		10: 16	` <i>J</i>
	b. No authority granted to:			
	JEFFERY S. HILLS		_	
Signato	re of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	signature		

CR2E138 (2/14)