LZ1 000 524 045

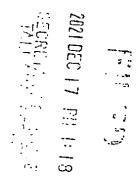
(Requestor's Name)
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COVER LETTER

	ision of Corporations	
SUBJECT:	EPG MOCCASIN WALLOW HOLDINGS, LLC	
SUBJECT.	Name of Limited Liability Comp	pany
Dear Sir or M	Aadam:	
The enclosed	Statement of Authority and fee(s) are submitted for filing.	
Please return	all correspondence concerning this matter to the following:	
BRIAN ROS	SE	Eff. 12-15-2
	Name of Person	12-15
EPG MOCC	ASIN WALLOW HOLDINGS, LLC	
	Firm/Company	
111 S. ARM	ENIA AVE.; SUITE 201	
	Address	
TAMPA, FL	. 33609	
	City/State and Zip Code	
brose@eisen	nhowerpropertygroup.com	
E-m	nail address: (to be used for future annual report notification	1)
For further in	nformation concerning this matter, please call:	
Brian Rose	813 at (Daytime Telephone Number
	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

authority:	tutes, this limited liability company submits the following statement of	
FIRST: The name of the limited liability company is:EPG MOCCASIN WALLOW HOLDINGS, LLC		
SECOND: The Florida Document Number of the limited liability company is: L21000524045		
THIRD: The street address of the limited li	ability company's principal office is:	
SUITE 201		
TAMPA, FL 33609		
The mailing address of the limited	d liability company's principal office is:	
SUITE 201		
TAMPA, FL 33609		
person on the following: 1. May execute an instrument tran	as a member, transferee, manager, officer or otherwise or to a specific insferring real property held in the name of the company. AS J. DISTER	
b. No authority granted t	· •	
•	ons on behalf of, or otherwise act for or bind, the company.	
b. No authority granted t	to:	
	JEFFERY S. HILLS	
Signature of authorized representative	Typed or printed name of signature Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	