## ha1 000 524 184

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## COVER LETTER

	stration Section sion of Corporations	
SUBJECT:	EPG TWO RIVERS HILLSBOROUGH DEVELOPM	IENT, LLC
SUBJECT:	Name of Limited Liability Compa	any
Dear Sir or M	ladam:	
The enclosed	Statement of Authority and fee(s) are submitted for filing.	
Please return	all correspondence concerning this matter to the following:	
BRIAN ROS	E	
	Name of Person	G.F.F.
EPG TWO R	IVERS HILLSBOROUGH DEVELOPMENT, LLC	Eff. 12-15-6
<del></del>	Firm/Company	12-13
111 S. ARMI	ENIA AVE.; SUITE 201	
	Address	
TAMPA, FL	33609	
	City/State and Zip Code	
brose@eisenl	howerpropertygroup.com	
E-m	ail address: (to be used for future annual report notification)	<del></del>
For further in	formation concerning this matter, please call:	
Brian Rose	at ()	610-3043
	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:	BOROUGH DEVELOPMENT, LLC		
El G I WO KI V EKO I I I I I I I	DONOGON DE VESCI MENT, ESC		
SECOND: The Florida Document Number of the limited lie	ability company is: L21000524184		
THIRD: The street address of the limited liability company 111 S. ARMENIA AVE.	r's principal office is:		
SUITE 201			
TAMPA, FL 33609			
The mailing address of the limited liability compa	any's principal office is:		
SUITE 201			
TAMPA, FL 33609			
<del></del>	operty held in the name of the company.		
May enter into other transactions on behalf of,     a. Granted to:  NICHOLAS J. DISTER			
b. No authority granted to:			
N	JEFFERY S. HILLS		
Signature of authorized representative Filing Fee:	Typed or printed name of signature \$25.00 v: \$30.00 (optional)		

CR2E138 (2/14)