L22000165156

(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(City/State/Zip/Prione #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Cartificat Conics Cartificates of Status				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
opeoid/motivotions to 1 ming officer.				

Office Use Only



000385960370

04/29/22--01016--000 **30.00

2022 APR 29 PM 6: 45
SEUNLIANT OF STATE
TALLAHASSEE, FLORIDA

JUN 2 1 2022 S. PRATHER

COVER LETTER

TO:	Registration Section Division of Corporations	,	•
SUBJE	EPG SUNSTONE HOLDIN	IGS, LLC	
SUBJE		f Limited Liability Con	ipany
Dear S	ir or Madam:		
The en	closed Statement of Authority and fee(s)	are submitted for filing	
Please	return all correspondence concerning this	s matter to the following	\sim \sim
BRIA	N ROSE		Eft. 4-6-2022
	Name of Person		4-1-1112
EPG S	SUNSTONE HOLDINGS, LLC		1-0 200
	Firm/Company		-
111 S.	ARMENIA AVE.; SUITE 201		
	Address		-
ТАМ	PA, FL 33609		
	City/State and Zip Code		-
brose(@eisenhowerpropertygroup.com		
	E-mail address: (to be used for future a	annual report notification	on)
For fur	ther information concerning this matter.	please call:	
Brian	Rose	813 at (610-3043
	Name of Person		Daytime Telephone Number
	Mailing Address:		Street Address:
	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

CR2E138 (2/14)

Tallahassee, FL 32314

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1). Florida Statutes, this limited liability company submits the following statement of authority: EPG SUNSTONE HOLDINGS, LLC FIRST: The name of the limited liability company is: ____ 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: 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: May enter into other transactions on behalf of, or otherwise act for or bind, the company. Granted to: NICHOLAS J. DISTER No authority granted to:

Signature of authorized re esentative

JEFFERY S. HILLS

Typed or printed name of signature

Filing Fee:

\$25.00

Certified Copy: \$30.00 (optional)