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COVER LETTER

SUBJECT: EPG SUNSTONE DEVELOPMENT, LLC Name of Limited Liability Compa	
	ıny
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	EFF. 4-6-2022
Name of Person	4-6-2022
EPG SUNSTONE DEVELOPMENT, 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 Daytime Telephone Number
Name of Person Area Code	Daytime Telephone Number

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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: EPG SUNSTONE DEVELOPMENT, LLC FIRST: The name of the limited liability company is: ___ SECOND: The Florida Document Number of the limited liability company is: 1.22000165229 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. 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 b. No authority granted to:

JEFFERY S. HILLS

Signature of authorized representative

Typed or printed name of signature

Filing Fee:

\$25.00

Certified Copy: \$30.00 (optional)