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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: EPG GP DEVELOPMENT, LLC Name of Limited Liability Company
Name of Entitled Elability Company
Dear Sir or Madam:
The enclosed Statement of Authority and fec(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
BRIAN ROSE EAT.
Name of Person
Name of Person EPG GP DEVELOPMENT, LLC 5/23/22
Firm/Company
III 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:

813

Area Code

Mailing Address:

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

Name of Person

Street Address:

610-3043

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Daytime Telephone Number

Brian Rose

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:EPG GP DEVELOPMENT, LLC	 -			
SECON	SD: The Florida Document Number of the limited liability company is:				
	The street address of the limited liability company's principal office is: 111 S. ARMENIA AVE.	S	207		
	SUITE 201	ALL	2072 HAY 2		
	TAMPA, FL 33609	ARA	ላ 2 ተ		
	The mailing address of the limited liability company's principal office is: 111 S. ARMENIA AVE.	SSEE, FI	AM 9: 40		
	SUITE 201		Ö		
	TAMPA, FL 33609	-			
position	 This statement of authority grants or sets limitations of authority on all persons having of a person in a company, whether as a member, transferee, manager, officer or otherwise on the following: May execute an instrument transferring real property held in the name of the compana. Granted to: NICHOLAS J. DISTER 	or to a sp			
	b. No authority granted to:	-			
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the compa. a. Granted to: NICHOLAS J. DISTER	- pany. -			
	b. No authority granted to:	-			
	JEFFERY S. HILLS	-			

Filing Fee:

\$25.00 Certified Copy: \$30.00 (optional)

Typed or printed name of signature

Signature of authorized representative