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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	= #)
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SECRETARY SEEF, FARE
TALL AHASSEE, FARE

COVER LETTER

Divisi	on of Corporations		
SUBJECT:	EPG BURNT STORE ROAD DE	EVELOPMENT, I	.LC
_	Name of Lin	nited Liability Cor	npany
Dear Sir or Ma	dam:		
The enclosed S	Statement of Authority and fee(s) are s	ubmitted for filing	3.
Please return al	II correspondence concerning this mat	ter to the followin	g:
BRIAN ROSE			Eft. - 5-31-2-2
	Name of Person		5-31-6-6
EPG BURNT	STORE ROAD DEVELOPMENT, LE	.C	
	Firm/Company		_
III S. ARMEI	NIA AVE.; SUITE 201		
	Address		_
TAMPA, FL 3	3609		
	City/State and Zip Code		_
brose@eisenho	owerpropertygroup.com		
E-mai	il address: (to be used for future annua	l report notification	on)
For further info	ormation concerning this matter, pleas	e call:	
Brian Rose		813	010-3043 Daytime Telephone Number
	Name of Person	Area Code	Daytime Telephone Number
Mail	ing Address:		Street Address:
Regis	stration Section		Registration Section
	sion of Corporations		Division of Corporations
P.O.	Box 6327		The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

TO: Registration Section

STATEMENT OF AUTHORITY

authority:		ted liability company submits the following stateme	
FIRST: Th	e name of the limited liability company is:	EPG BURNT STORE ROAD DEVELOPMENT	, LLC
SECOND:	The Florida Document Number of the limited	liability company is:	
	he street address of the limited liability compar 1 S. ARMENIA AVE.		25
SL	JITE 201	TAL	72 JI
TA	AMPA, FL 33609	AH.	之
	The mailing address of the limited liability com	pany's principal office is:	2022 JUN -7 PH 3:
SL	JITE 201		၁ 90 80
TA	MPA, FL 33609		
1.		property held in the name of the company.	
	b. No authority granted to:	_	
2.	May enter into other transactions on behalf of a. Granted to:	D	
	b. No authority granted to:		
		JEFFERY S. HILLS	_
Signature of	authorized representative Filing Fee: Certified Co	Typed or printed name of signature \$25.00 py: \$30.00 (optional)	

CR2E138 (2/14)