

L23 0000 89851

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

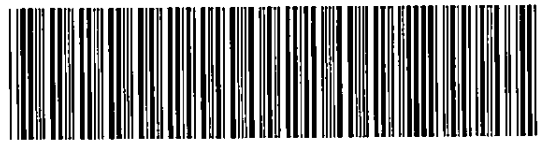
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EPG INVESTMENT CO. LLC  
Name of Limited Liability Company

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  
Name of Person

EPG INVESTMENT CO. 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 at (813) 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

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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 NVESTMENT CO, LLC

SECOND: The Florida Document Number of the limited liability company is: L23000089851

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.
a. Granted to: NICHOLAS J. DISTER
b. No authority granted to:
2. May enter into other transactions on behalf of, or otherwise act for or bind, the company
a. Granted to: NICHOLAS J. DISTER
b. No authority granted to:

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STATE OF FLORIDA
FALL AHSSEE, FL

Signature of authorized representative

JEFFERY S. HILLS
Typed or printed name of signature

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