

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000173259

**Entity Name:** EPIC NATION MANAGEMENT GROUP, LLC.

**Current Principal Place of Business:**

550 NE 67TH ST  
MIAMI, FL 33138

**Current Mailing Address:**

PO BOX 640765  
NORTH MIAMI BEACH, FL 33162 US

**FEI Number:** 47-5325488

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PHILOME, JOHN K  
550 NE 67TH ST  
MIAMI, FL 33138 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title CEO  
Name PHILOME, JOHN K  
Address PO BOX 640765  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title CHIEF OF STAFF  
Name MAYORGA, JENIFER  
Address PO BOX 640765  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title VP  
Name CHANCE, KAMUEL  
Address PO BOX 640765  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title VP  
Name ROBIN, SIMON  
Address PO BOX 640765  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title VP  
Name JEAN, JOHNSON  
Address PO BOX 640765  
City-State-Zip: NORTH MIAMI BEACH FL 33162

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOHN K. PHILOME

**CHIEF EXECUTIVE  
OFFICER**

**04/30/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date