

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000242532

**Entity Name:** EPIC TITLE, LLC

**Current Principal Place of Business:**

109 SE 1ST AVENUE  
SUITE B  
OCALA, FL 34471

**Current Mailing Address:**

109 SE 1ST AVENUE  
SUITE B  
OCALA, FL 34471 US

**FEI Number:** 83-2287274

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 AUTHORIZED PERSON  
Name FOLEY, RYAN G.  
Address 100 OTTAWA AVE. SW  
City-State-Zip: GRAND RAPIDS MI 49503

Title MEMBER  
Name EQUITABLE NATIONAL TITLE GROUP,  
LLC  
Address 109 SE 1ST AVENUE  
SUITE B  
City-State-Zip: OCALA FL 34471

*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:** RYAN G. FOLEY

**AUTHORIZED PERSON**

**02/05/2025**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date