

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000085653

Entity Name: EPITHELIAL RECONSTRUCTION, LLC

Current Principal Place of Business:

6619 CANTON ST S
ST PETERSBURG, FL 33712

Current Mailing Address:

PO BOX 66286
ST PETE BEACH, FL 33736-6286 US

FEI Number: 84-4571192

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOWMAN, JOHN N
3950 3RD ST N
ST PETERSBURG, FL 33703 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 MGRM
Name PHARES, RICHARD E
Address PO BOX 66286
City-State-Zip: ST PETE BEACH FL 33736-6286

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: RICHARD E. PHARES

MANAGING PARTNER

02/12/2020

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date