

# 2013 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L12000007304

**FILED**  
**Oct 23, 2013**  
**Secretary of State**

**Entity Name:** CLARFIELD, OKON, SALOMONE & PINCUS, P.L.

**Current Principal Place of Business:**

500 S AUSTRALIAN AVE  
STE 730  
W PALM BEACH, FL 33401 US

**New Principal Place of Business:**

**Current Mailing Address:**

500 S AUSTRALIAN AVE  
STE 730  
W PALM BEACH, FL 33401 US

**New Mailing Address:**

**FEI Number:** 26-1756500      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

STEVEN, J  
500 S AUSTRALIAN AVE  
STE 730  
W PALM BEACH, FL 33401 US

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

CLARFIELD, STEVEN J  
500 S AUSTRALIAN AVE  
STE 730  
W PALM BEACH, FL 33401 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: STEVEN J. CLARFIELD

10/23/2013

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CLARFIELD, STEVEN J  
Address: 500 S AUSTRALIAN AVE - STE 730  
City-St-Zip: W PALM BEACH, FL 33401 US

Title: MGRM  
Name: SALOMONE, KENNETH L  
Address: 500 S AUSTRALIAN AVE - STE 730  
City-St-Zip: W PALM BEACH, FL 33401 US

Title: MGRM  
Name: OKON, ROBERT C  
Address: 500 S AUSTRALIAN AVE - STE 730  
City-St-Zip: W PALM BEACH, FL 33401 US

Title: MGRM  
Name: PINCUS, CARYN  
Address: 500 S AUSTRALIAN AVE - STE 730  
City-St-Zip: W PALM BEACH, FL 33401 US

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: STEVEN J. CLARFIELD

MGRM

10/23/2013

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date