

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000007304

FILED
Jan 09, 2017
Secretary of State
CC5561420550

Entity Name: CLARFIELD, OKON, SALOMONE, P.L.

Current Principal Place of Business:

500 S AUSTRALIAN AVE
STE 825
W PALM BEACH, FL 33401

Current Mailing Address:

500 S AUSTRALIAN AVE
STE 825
W PALM BEACH, FL 33401 US

FEI Number: 26-1756500

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CLARFIELD, STEVEN J
500 S AUSTRALIAN AVE
STE 825
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

01/09/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name CLARFIELD, STEVEN J
Address 500 S AUSTRALIAN AVE - STE 825
City-State-Zip: W PALM BEACH FL 33401

Title MGRM
Name SALOMONE, KENNETH L
Address 500 S AUSTRALIAN AVE - STE 825
City-State-Zip: W PALM BEACH FL 33401

Title MGRM
Name OKON, ROBERT
Address 500 S AUSTRALIAN AVE
STE 825
City-State-Zip: W PALM BEACH FL 33401

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: STEVEN CLARFIELD

MANAGER

01/09/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date