

**2015 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000007304

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

**FILED**  
**Oct 22, 2015**  
**Secretary of State**  
**CR9897514921**

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number: 26-1756500**

**Certificate of Status Desired: No**

**Name and Address of Current 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**

**10/22/2015**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

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

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

Title MGRM  
Name PINCUS, CARYN  
Address 500 S AUSTRALIAN AVE - STE 730  
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 J. CLARFIELD**

**PRESIDENT**

**10/22/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date