

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000025784

**FILED**  
**Mar 12, 2014**  
**Secretary of State**

**Entity Name:** THE PALM STEAK HOUSE, LLC

**Current Principal Place of Business:**

1000 NORTH CONGRESS AVENUE  
SUITE I  
WEST PALM BEACH, FL 33409

**New Principal Place of Business:**

1010 NORTH CONGRESS AVENUE  
WEST PALM BEACH, FL 33409

**Current Mailing Address:**

1000 NORTH CONGRESS AVENUE  
SUITE I  
WEST PALM BEACH, FL 33409

**New Mailing Address:**

SUZANNE FARESE, MGR, PALM STEAK HOUSE  
65 NE 4TH AVE, SUITE  
DELRAY BEACH, FL 33409

**FEI Number:** 20-8626763

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAW OFFICES OF DAVID M. GOLDSTEIN, P.A.  
286 N.E. 39TH STREET  
MIAMI, FL 33137 US

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

LAW OFFICES OF DAVID M. GOLDSTEIN, P.A.  
12000 BISCAYNE BLVD  
SUITE 802  
MIAMI, FL 33181 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: DAVID M GOLDSTEIN, P.A.

03/12/2014

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGRM  
Name: PBGC TRUST  
Address: DAVID M GOLDSTEIN, P.A., 12000 BISCAYNE BLV  
City-St-Zip: MIAMI, FL 33181

Title: MGR  
Name: GOLDSTEIN, DAVID M  
Address: 12000 BISCAYNE BLVD, SUITE 802  
City-St-Zip: MIAMI, FL 33181

Title: MGR  
Name: FARESE, SUZANNE  
Address: 65 NE 4TH AVE, SUITE  
City-St-Zip: DELRAY BEACH, FL 33409

Title: MGRM  
Name: RODERMAN, BARRY ESQUIRE  
Address: ONE E. BROWARD BLVD, SUITE 700  
City-St-Zip: FORT LAUDERDALE, FL 33308

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: THOMAS FARESE

REP

03/12/2014

Electronic Signature of Authorized Person

Date