

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000106009

Entity Name: PASCALE'S LLC

**FILED**  
**Oct 06, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1902 NW SECOND AVENUE  
DELRAY BEACH, FL 33444 US

**New Principal Place of Business:**

**Current Mailing Address:**

1902 NW SECOND AVENUE  
DELRAY BEACH, FL 33444 US

**New Mailing Address:**

FEI Number: 30-0656161

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SWANK, STEVEN  
309 NE 1ST STREET  
DELRAY BEACH, FL 33483 US

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

SWANK, STEPHEN  
309 NE 1ST STREET  
DELRAY BEACH, FL 33483 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: STEPHEN SWANK

10/06/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: TROUPIN-CASTANIA, PASCALE  
Address: 1902 NW SECOND AVENUE  
City-St-Zip: DELRAY BEACH, FL 33444 US

Title: MGRM  
Name: CASTANIA, MICHAEL  
Address: 1902 NW SECOND AVENUE  
City-St-Zip: DELRAY BEACH, FL 33444 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: PASCALE TROUPIN-CASTANIA

MGRM

10/06/2011

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