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: SUSAN STEINBERG

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L09000020768

Entity Name: STEINBERG FAMILY PALM BEACH GARDENS, LLC

Current Principal Place of Business:

517 EAGLETON COVE TRACE PALM BEACH GARDENS, FL 33418

Current Mailing Address:

517 EAGLETON COVE TRACE PALM BEACH GARDENS, FL 33418

FEI Number: 26-4538926

Name and Address of Current Registered Agent:

HYMAN, LISA G 26 SELBY LANE PALM BEACH GARDENS, FL 33418 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:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	STEINBERG, SUSAN	Name	HYMAN, LISA G
Address	337 EAGLETON GOLF DRIVE	Address	26 SELBY LANE
City-State-Zip:	PALM BEACH GARDENS FL 33418	City-State-Zip:	PALM BEACH GARDENS FL 33418

ereby 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 the 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:

MANAGING MEMBER

Date

FILED Jan 30, 2023 Secretary of State 1413985637CC

Certificate of Status Desired: No

01/30/2023

Date