I hereby certify that the information indicated on this report or supplemental report is true and accurate				
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 <sup>,</sup> SUSAN STEINBERG	MGRM	02/07/2019		

SIGNATURE: SUSAN STEINBERG

## FEI Number: 26-4538926 Name and Address of Current Registered Agent:

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

DOCUMENT# L09000020768

**517 EAGLETON COVE TRACE** PALM BEACH GARDENS, FL 33418

**Current Mailing Address:** 

**Current Principal Place of Business:** 

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

## **517 EAGLETON COVE TRACE** PALM BEACH GARDENS. FL 33418

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: STEINBERG FAMILY PALM BEACH GARDENS, LLC

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

Date

Date