

**2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L15000170970

**Entity Name:** SAVEUR TROPICAL RESTAURANT,"LLC"

**Current Principal Place of Business:**

515 NE 24TH STREET  
POMPANO BEACH, FL 33464

**Current Mailing Address:**

515 NE 24TH STREET  
POMPANO BEACH, FL 33464 US

**FEI Number:** 84-3427559

**Certificate of Status Desired:** Yes

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

ALEXANDRE, MAILL-KEL  
515 NE 24TH STREET  
POMPANO BEACH, FL 33464 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:** MAILL-KEL ALEXANDRE

10/02/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title OWNER/MGR  
Name ALEXANDRE, MAILL-KEL  
Address 515 NE 24TH STREET  
City-State-Zip: POMPANO BEACH FL 33464

*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:** MAILL-KEL ALEXANDRE

OWNER/MGR

10/02/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date