

2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L16000139487

Entity Name: RESTAURANTADVISOR.SOLUTIONS. LLC.

Current Principal Place of Business:

5871 NW LEGHORN AVE
PORT ST LUCIE , FL 34986

Current Mailing Address:

5871 NW LEGHORN AVE
PORT ST LUCIE , FL 34986 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMIKLE, ONEIQUE WATSON
5871 NW LEGHORN AVE
PORT ST LUCIE , FL 34986 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: ONEIQUE WATSON SMIKLE

03/19/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER
Name SMIKLE, ONEIQUE WATSON
Address 5871 NW LEGHORN AVE
City-State-Zip: PORT ST LUCIE FL 34986

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: ONEIQUE WATSON SMIKLE

MEMBER

03/19/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date