

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000087645

**FILED**  
**Dec 02, 2005**  
**Secretary of State**

**Entity Name:** PANTHEON LLC.

**Current Principal Place of Business:**

17100 N BAY RD APT 1412  
SUNNY ISLES, FL 33160

**New Principal Place of Business:**

17100 N BAY RD APT 1412  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

17100 N BAY RD APT 1412  
SUNNY ISLES, FL 33160

**New Mailing Address:**

16850 COLLINS AVE  
SUITE 112-298  
SUNNY ISLES BEACH, FL 33160

**FEI Number:** 20-2046762

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DAVIS, RONALD L  
1550 NE MIAMI GARDENS DR  
SUITE 200 KISLAK NATIONAL BANK BLDG  
NORTH MIAMI BEACH, FL 33179 US

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

M, THERESIAS  
16850 COLLINS AVE  
SUITE 112-298  
SUNNY ISLES BEACH, FL 33160 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: M THERESIAS

12/02/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: THERESIAS, MARCK  
Address: 16850 COLLINS AVE SUITE 112-298  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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: MARCK THERESIAS

MR.

12/02/2005

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