

PLEASE

L 04000089769

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L04000089769**

1. Limited Liability Company's Name

POMPANO SELF STORAGE, LLC

2. Principal Office Address - No P.O. Box #
2551 NW 15 COURT.

3. Mailing Office Address
2551 NW 15 COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
POMPANO BEACH, FL

City & State
POMPANO BEACH, FL

Zip Country
33069 US

Zip Country
33069 US

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified
To Do Business in Florida **12/6/04**

6. FEI Number Applied For
☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name **UNO ANDERSON**

Street Address (P.O. Box Number is Not Acceptable)
2821 NE 36 STREET

Suite, Apt. #, Etc.

City
LIGHTHOUSE POINT

State Zip Code
FL 33064

E-mail Address:

400221250704
02/09/12--01026--010 **1210.00

chrisema@maclean-ema.com

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent **/s/ UNO ANDERSON**

Date **2/3/12**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	UNO ANDERSON	2821 NE 36 STREET	LIGHTHOUSE POINT, FL 33064

REINSTATEMENT 2005-2012

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager **Uno Anderson**

Date **2/3/12**

Daytime Phone # **954 415 5997**

Typed or printed name of signing Managing Member/Manager **UNO ANDERSON**

12 FEB -9 PM 2:24
RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

CR2E041 (1/11)

L04000089769

FREDERICK R. MACLEAN
ANNE B. MACLEAN
CHRISTOPHER J. EMA
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DIANE B. BELL**
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TAX ATTORNEY
DELRAY BEACH, FL

* ALSO ADMITTED IN KENTUCKY
** ALSO ADMITTED IN SOUTH CAROLINA

February 3, 2012

**Florida Department of Statement
Reinstatement/Registration Section
2661 Executive Center Circle
Tallahassee, FL 32301**

**Re: Pompano Self Storage, LLC
Document # L040000166245**

To Whom It May Concern:

Enclosed please find our client's reinstatement form along with our check in the amount of \$1,210.00.

Our office initially tried to reinstate the entity online, however the reinstatement was rejected for the reason that the name is the same as a corporation with the same name.

Our client owns both entities and wishes that the LLC be reinstated so that he has a limited liability company and a corporation by the same name.

Please reinstate the LLC known as "Pompano Self Storage, LLC".

If you should have any questions, please do not hesitate to contact our office.

Thank you

MacLean and Ema


Christopher J. Ema

Enclosures as noted

