

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

**DOCUMENT # L07000018006**

1. Entity Name  
**POMPEII MANAGEMENT COMPANY, LLC**



**FILED**

**09 MAY 27 AM 11:55**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200156132092  
05/18/09--01029--014 \*\*277.50

Principal Place of Business  
6465 SW 84TH STREET  
C/O BURELL & ASSOCIATES  
MIAMI, FL 33143

Mailing Address  
6465 SW 84TH STREET  
C/O BURELL & ASSOCIATES  
MIAMI, FL 33143



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

05062009 REIN-LLC CR2E101 (1/07)

City & State

City & State

4. FEI Number

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

M & W AGENTS, INC.  
2101 CORPORATE BLVD.  
SUITE 107  
BOCA RATON, FL 33431

Name  
**T & S REGISTERED AGENTS, LLC**

Street Address (P.O. Box Number is Not Acceptable)  
**4855 Technology Way, Suite 720**

City  
**Boca Raton**

FL

Zip Code  
**33431**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DONALD R. TESCHER / President

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5/6/09

**FILE NOW!!! FEE IS \$277.50**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Managing Member  
Betsy Martin  
122 Talavera Place  
Palm Beach Gardens, FL 33418

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**L. SELLERS**

**MAY 28 2009**

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Managing Member  
Sherry Mittleman  
12500 SW 72 Avenue  
Miami, FL 33156

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**EXAMINER**

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Managing Member  
Lisa Schneiderman  
7900 SW 134 Street  
Miami, FL 33156

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**REINSTATEMENT**

**0809**

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**200156132092**  
**05/18/09--01029--014 \*\*277.50**

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Change  Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Sherry Mittleman Managing Member 5/7/09 305-951-3025

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #