

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000018006

1. Entity Name
POMPEII MANAGEMENT COMPANY, LLC



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.

City & State

City & State

Zip

Country

Zip

Country

05062009 REIN-LLC

CR2E101 (1/07)

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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

TITLE Managing Member ☐ Delete
NAME Penny Martin
STREET ADDRESS 122 Talavera Place
CITY - ST - ZIP Palm Beach Gardens, FL 33418

TITLE Managing Member ☐ Delete
NAME Sherry Mittleman
STREET ADDRESS 12500 SW 72 Avenue
CITY - ST - ZIP Miami, FL 33156

TITLE Managing Member ☐ Delete
NAME Lisa Schneiderman
STREET ADDRESS 7900 SW 134 Street
CITY - ST - ZIP Miami, FL 33156

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

10. ADDITIONS/CHANGES

TITLE L. SELLERS ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP MAY 28 2009

TITLE EXAMINER ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE REINSTATEMENT ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP 0809

TITLE 200156132092 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP 05/18/09--01029--014 **277.50

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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

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

Date

Daytime Phone #

Managing Member 5/2/09 305-951-3025

FILED

09 MAY 27 AM 11:55

SECRETARY OF STATE

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

