

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025051

Entity Name: QUANTUM BIO ENERGETIC SERVICES, L.L.C.

Current Principal Place of Business:

401 FOREST PARK CIRCLE
LONGWOOD, FL 32779

Current Mailing Address:

401 FOREST PARK CIRCLE
LONGWOOD, FL 32779

FEI Number: 06-1650586

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEFKOWITZ, IVAN M
430 NORTH MILLS AVENUE
ORLANDO, FL 32803 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | | | |
|-----------------|------------------------|-----------------|------------------------|
| Title | MGR | Title | MGR |
| Name | WILLIAMSON, SANDRA | Name | WILLIAMSON, TODD |
| Address | 401 FOREST PARK CR. | Address | 401 FOREST PARK CIRCLE |
| City-State-Zip: | LONGWOOD FL 32779 | City-State-Zip: | LONGWOOD FL 32779 |
| | | | |
| Title | MGR | | |
| Name | WILLIAMSON, ANDREW | | |
| Address | 401 FOREST PARK CIRCLE | | |
| City-State-Zip: | LONGWOOD FL 32779 | | |

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: ANDREW WILLIAMSON

02/21/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date