

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000039567

**Entity Name:** QUANTUM BIOFEEDBACK BALANCE LLC

**Current Principal Place of Business:**

4999 WEST 8TH AVENUE  
SUITE 23  
HIALEAH, FL 33012

**Current Mailing Address:**

4999 WEST 8TH AVENUE  
SUITE 23  
HIALEAH, FL 33012 US

**FEI Number:** 45-4918538

**Certificate of Status Desired:** No

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

DUMENIGO, BLAS  
4999 WEST 8TH AVENUE  
SUITE 23  
HIALEAH, FL 33012 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  
Name DUMENIGO, BLAS  
Address 4999 WEST 8 AVENUE  
SUITE 23  
City-State-Zip: HIALEAH FL 33012

Title MANAGER  
Name DUMENIGO, SILVIA MANAGER  
Address 4999 W 8 AVE SUITE 23  
City-State-Zip: HIALEAH FL 33012

*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:** BLAS DUMENIGO

**MANAGER**

**03/21/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date