

*** AMENDED ***
**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

05-05-2003 90094 018 *****50.00

09-15-2003 90097 045 *****50.00

L02000025051

DOCUMENT # L02000025051

1. Entity Name

QUANTUM BIO. ENERGETIC BALANCING, L.L.C.



FILED

03 SEP 16 AM 9:00

**SECRETARY OF STATE
 TALLAHASSEE FLORIDA**

0011



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

06-1650586

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

I, the above-named entity, submit 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
 Due By September 24, 2003**

8. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete
Sandra Williams, Manager
 STREET ADDRESS **401 Forest Park Cir.**
 CITY-ST-ZIP **Longwood, FL 32779**

TITLE NAME ☐ Delete
Todd Williams, Manager
 STREET ADDRESS **761 Busham Ave.**
 CITY-ST-ZIP **Santa Rosa, CA 95401**

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
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 CITY-ST-ZIP

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TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

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

9-12-03 407-291-4777

Date

Daytime Phone #

CR2E083 (4/03)