

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000002092

**FILED**  
**Oct 17, 2005**  
**Secretary of State**

**Entity Name:** HQM OF GAINESVILLE, LLC

**Current Principal Place of Business:**

2401 PGA BLVD., SUITE 155  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

2979 PGA BOULEVARD  
PALM BEACH GARDENS, FL 33410 US

**Current Mailing Address:**

2401 PGA BLVD., SUITE 155  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

2979 PGA BOULEVARD  
PALM BEACH GARDENS, FL 33410 US

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 US

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

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: NORMAN PASQUIER, ASST. SECRETARY, CCNI

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: HOME QUALITY MANAGEM, ENT, INC.  
Address: 2979 PGA BOULEVARD  
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: CEO ( ) Change (X) Addition  
Name: WALCZAK, PAUL  
Address: 2979 PGA BOULEVARD  
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: P ( ) Change (X) Addition  
Name: STEIER, JOSEPH  
Address: 2979 PGA BOULEVARD  
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: C ( ) Change (X) Addition  
Name: FAGO, ELIZABETH  
Address: 2979 PGA BOULEVARD  
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 608, Florida Statutes.

SIGNATURE: ELIZABETH FAGO, CHAIRMAN

C

10/17/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date