

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000086543

**FILED**  
**Nov 16, 2005**  
**Secretary of State**

**Entity Name:** BARBARA QUAMINA & ASSOCIATES, LLC

**Current Principal Place of Business:**

1916 NW 137TH WAY  
PEMBROKE PINES, FL 33028

**New Principal Place of Business:**

**Current Mailing Address:**

1916 NW 137TH WAY  
PEMBROKE PINES, FL 33028

**New Mailing Address:**

**FEI Number:** 20-1946676

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

QUAMINA, BARBARA  
1916 NW 137TH WAY  
PEMBROKE PINES, FL 33028 US

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

QUAMINA, BARBARA OWNER  
1916 NW 137TH WAY  
PEMBROKE PINES, FL 33028 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: BARBARA QUAMINA

11/16/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: QUAMINA, WAYNE JR MGR  
Address: 1916 NW 137TH WAY  
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: MGR ( ) Change (X) Addition  
Name: PARRIS, SHAMICA MGR  
Address: 4521 GLENDALE COURT  
City-St-Zip: BROOKLYN, NY 11234 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: BARBARA QUAMINA

P.O.

11/16/2005

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