

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000036017

**Entity Name:** QUANTUM INVESTMENT STRATEGIES, LLC

**Current Principal Place of Business:**

155 PONCE DELEON BLVD  
% GLAD ANGEL & ASSOC. 217  
DELEON SPRINGS, FL 32130

**Current Mailing Address:**

% GLAD ANGEL & ASSOC.  
PO BOX 217  
DELEON SPRINGS, FL 32130 US

**FEI Number:** 20-8780823

**Certificate of Status Desired:** No

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

GLAD, ANGELA CEO  
155 PONCE DELEON BLVD  
% GLAD ANGEL & ASSOC. 217  
DELEON SPRINGS, FL 32130 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, MANAGER  
Name GLAD, ANGELA CEO  
Address % GLAD ANGEL & ASSOC.  
PO BOX 217  
City-State-Zip: DELEON SPRINGS FL 32130

Title MGRM  
Name WOLFF, JAMES L EVP  
Address % GLAD ANGEL & ASSOC.  
PO BOX 217  
City-State-Zip: DELEON SPRINGS FL 32130

Title MGRM  
Name ELIZABETH, CARPENTER VP  
Address % GLAD ANGEL & ASSOC.  
PO BOX 217  
City-State-Zip: DELEON SPRINGS FL 32130

Title MGRM  
Name HENRY, JOHNSON W ATTY  
Address 2900 N UNIVERSITY DR  
City-State-Zip: CORAL SPRINGS FL 33071

*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:** ANGELA GLAD

**MGMR**

**04/16/2021**

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

\_\_\_\_\_  
Date