

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000192400

**Entity Name:** QUANTUM RESTORATION, LLC

**Current Principal Place of Business:**

539 FORD STREET  
CONSHOHOCKEN, PA 19428

**Current Mailing Address:**

PO BOX 985  
CONSHOHOCKEN, PA 19428

**FEI Number:** 27-3463701

**Certificate of Status Desired:** No

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

HEFFELFINGER, JOEL  
451 GORDON ST  
SANFORD, FL 32771 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 HEFFELFINGER, JOEL  
Address 2715 S SMEDLEY STREET  
City-State-Zip: PHILADELPHIA PA 19145

*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:** JOEL HEFFELFINGER

**PRESIDENT**

**01/26/2023**

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

\_\_\_\_\_  
Date