

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000034449

Entity Name: QUATTRO SOCIO, LLC

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

530 STATE ROAD 13
SUITE 3
FRUIT COVE, FL 32259

New Principal Place of Business:

Current Mailing Address:

530 STATE ROAD 13
SUITE 3
FRUIT COVE, FL 32259

New Mailing Address:

FEI Number: 65-1300490

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALCORN, MARIA R
530 STATE ROAD 13
SUITE 3
FRUIT COVE, FL 32259 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: REVIRESCO, INC.,
Address: 1177 STONE HEDGE TRAIL LANE
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: MGRM () Delete
Name: EMERGENCY POWER, LLC,
Address: 2220 CR 210 WEST, SUITE 108-411
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JAMES J. MAXWELL

PRES

04/29/2008

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