

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000127316

**Entity Name:** QUATTRO GROUP, LLC.

**Current Principal Place of Business:**

5930 NW 99 AVE.SUITE NO 4  
DORAL, FL 33178

**Current Mailing Address:**

5930 NW 99 AVE.SUITE NO 4  
DORAL, FL 33178 US

**FEI Number: 81-3336231**

**Certificate of Status Desired: No**

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

FUENTES, OSMANIA DIAZ  
5930 NW 99 AVE.SUITE NO 4  
DORAL, FL 33178 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	Title	DIRECTOR
Name	FUENTES, OSMANIA DIAZ	Name	MARIA L. STEFANIA CIARCIA
Address	5930 NW 99 AVE.SUITE NO 4	Address	5930 NW 99 AVE.SUITE NO 4
City-State-Zip:	DORAL FL 33178	City-State-Zip:	DORAL FL 33178

*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: FUENTES, OSMANIA DIAZ**

**MGR**

**06/29/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date