

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000211477

**Entity Name:** QUATRO DEVELOPMENT GROUP, LLC

**Current Principal Place of Business:**

18200 NE 19TH AVE. STE. 101  
SUITE 101  
N. MIAMI BEACH, FL 33162

**Current Mailing Address:**

18200 NE 19TH AVE. STE. 101  
SUITE 101  
N. MIAMI BEACH, FL 33162 US

**FEI Number: 38-4020749**

**Certificate of Status Desired: No**

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

OSCAR GRISALES-RACINI P.A.  
20801 BISCAYNE BLVD.  
SUITE 306  
AVENTURA, FL 33180 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 MURCIANO, ISAAC  
Address 405 CENTER ISLAND DR  
City-State-Zip: GOLDEN BEACH FL 33160

Title MGR  
Name MURCIANO, TANIA  
Address 405 CENTER ISLAND DR  
City-State-Zip: GOLDEN BEACH FL 33160

Title MGR  
Name HALFEN, RICARDO  
Address 96 GOLDEN BEACH DR  
City-State-Zip: GOLDEN BEACH FL 33160

Title MGR  
Name HALFEN, STEPHANIE  
Address 96 GOLDEN BEACH DR  
City-State-Zip: GOLDEN BEACH FL 33160

*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: RICARDO HALFEN**

**MGR**

**04/27/2017**

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

\_\_\_\_\_  
Date