

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000054640

**Entity Name:** QUATRON PARTNERS LLC

**Current Principal Place of Business:**

3030 N ROCKY POINT DR.  
STE 150A  
TAMPA, FL 33607

**Current Mailing Address:**

3030 N ROCKY POINT DR.  
STE 150A  
TAMPA, FL 33607 US

**FEI Number:** 82-0834844

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC.  
3030 N ROCKY POINT DR.  
STE 150A  
TAMPA, FL 33607 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            AMBR  
Name            SHAH, KETUL  
Address        3030 N ROCKY POINT DR. STE 150A  
City-State-Zip: TAMPA FL 33607

Title            AMBR  
Name            SHAH, NISHITH  
Address        3030 N ROCKY POINT DR. STE 150A  
City-State-Zip: TAMPA FL 33607

Title            AMBR  
Name            TRIVEDI, MINESH  
Address        3030 N ROCKY POINT DR. STE 150A  
City-State-Zip: TAMPA FL 33607

Title            AMBR  
Name            PANICKER, TIJAY  
Address        3030 N ROCKY POINT DR., STE 150A  
City-State-Zip: TAMPA FL 33607

*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:** KETUL SHAH

**MEMBER**

**03/02/2018**

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

\_\_\_\_\_  
Date