

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000111598

**Entity Name:** QUATTROCO, LLC

**Current Principal Place of Business:**

8635 W HILLSBOROUGH AVE  
PMB 471  
TAMPA, FL 33615

**Current Mailing Address:**

8635 W HILLSBOROUGH AVE  
PMB 471  
TAMPA, FL 33615 US

**FEI Number:** 88-1352660

**Certificate of Status Desired:** Yes

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

REGISTERED AGENTS INC.  
7901 4TH STREET NORTH  
SUITE 300  
ST PETERSBURG, FL 33702 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 AP  
Name MARLOWE, RONALD  
Address 2202 N WEST SHORE BLVD, STE 200  
City-State-Zip: TAMPA FL 33607

Title AMBR  
Name TRIMBOLI, JONATHAN  
Address 8635 W HILLSBOROUGH AVE  
City-State-Zip: TAMPA FL 33615

*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:** JONATHAN TRIMBOLI

**MANAGING MEMBER**

**04/29/2024**

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

\_\_\_\_\_  
Date