LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State
04-17-2002 90025 039 ****50.00

DOCUMENT #
L01000000131

1. Entity Name
Grupo Quadro LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1819 West Av.		1819 West Av	
Suite, Apt. #, etc. #6		Suite, Apt. #, etc. #6	
City & State Miami Beach, FL.		City & State Miami Beach, Fl.	
Zip 33139	Country U.S.A.	Zip 33139	Country U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1069858 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name Allen & Galego

Street Address (P.O. Box Number is Not Acceptable)
601 Brickell Key Drive. Suite 805

City Miami FL Zip Code 33131

8. 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 ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	General Manager	TITLE	
NAME	Ramon Rojas	NAME	
STREET ADDRESS	90 Alton Rd. #1804.	STREET ADDRESS	
CITY-ST-ZIP	Miami Beach, FL. 33139	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: ______ April ______ 305 604 8810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #