

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000034449

Entity Name: QUATTRO SOCIO, LLC

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

530 STATE ROAD 13
SUITE 3
FRUIT COVE, FL 32259

New Principal Place of Business:

Current Mailing Address:

530 STATE ROAD 13
SUITE 3
FRUIT COVE, FL 32259

New Mailing Address:

FEI Number: 65-1300490

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALCORN, MARIA R
530 STATE ROAD 13
SUITE 3
FRUIT COVE, FL 32259 US

Name and Address of New Registered Agent:

MAXWELL, JAMES J
530 STATE ROAD 13
SUITE 3
FRUIT COVE, FL 32259 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: JAMES J MAXWELL

04/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: REVIRESCO, INC.
Address: 1177 STONE HEDGE TRAIL LANE
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: MGRM () Delete
Name: EMERGENCY POWER, LLC
Address: 2220 CR 210 WEST, SUITE 108-411
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: JAMES J MAXWELL

PRES

04/28/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date