

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M01000001505

Entity Name: QUATRO, LLC

**FILED**  
**Feb 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

231 HABOUR DRIVE  
NAPLES, FL 34103

**New Principal Place of Business:**

**Current Mailing Address:**

231 HABOUR DRIVE  
NAPLES, FL 34103

**New Mailing Address:**

FEI Number: 52-2324928

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

KASSOLIS, DUKE MGRM  
231 HABOUR DRIVE  
NAPLES, FL 34103 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: KASSOLIS, DUKE S  
Address: 1436 GORMICAN LANE  
City-St-Zip: NAPLES, FL 34110

Title: MGRM  
Name: KASSOLIS, JANE S  
Address: 1436 GORMICAN LANE  
City-St-Zip: NAPLES, FL 34110

Title: MGRM  
Name: KASSOLIS, KRISTINA  
Address: 1215 SOUTH BOULDIN STREET  
City-St-Zip: BALTIMORE, MD 21224

Title: MGRM  
Name: KASSOLIS, JONATHAN  
Address: 6524 ABBEY VIEW WAY  
City-St-Zip: BALTIMORE, MD 21212

I hereby 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: DUKE S KASSOLIS

MGR

02/28/2011

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