

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000139395

**Entity Name:** QUATRO ASSETS, LLC

**Current Principal Place of Business:**

7901 KINGSPONTE PKWY, STE 17  
ORLANDO, FL 32819

**Current Mailing Address:**

7901 KINGSPONTE PKWY, STE 17  
ORLANDO, FL 32819 US

**FEI Number:** 30-0881569

**Certificate of Status Desired:** No

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

LARSON ACCOUNTING GROUP  
7901 KINGSPONTE PKWY, STE 17  
ORLANDO, FL 32819 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 MGR  
Name MEDEIROS F GONCALVES, WAGNER  
Address 255 ALHAMBRA CIRCLE SUITE 700  
City-State-Zip: CORAL GABLES FL 33134

*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:** MEDEIROS F GONCALVES , WAGNER

MGR

08/14/2019

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

\_\_\_\_\_ Date