

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000001450

**FILED  
Jan 12, 2018  
Secretary of State  
CC1138234436**

**Entity Name:** REVENUE MANAGEMENT SOLUTIONS, LLC

**Current Principal Place of Business:**

777 S HARBOUR ISLAND BLVD  
890  
TAMPA, FL 33602

**Current Mailing Address:**

777 S HARBOUR ISLAND BLVD  
890  
TAMPA, FL 33602 US

**FEI Number:** 20-2408441

**Certificate of Status Desired:** Yes

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

BUSH ROSS REGISTERED AGENT SERVICES, LLC  
1801 N. HIGHLAND AVENUE  
TAMPA, FL 33602 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: MANAGER  
Name: WOHLHUETER, ALEX  
Address: 777 S HARBOUR ISLAND BLVD  
890  
City-State-Zip: TAMPA FL 33602

Title: PRESIDENT  
Name: ROUGIE, OLIVIER  
Address: 777 S HARBOUR ISLAND BLVD  
890  
City-State-Zip: TAMPA FL 33602

Title: MANAGER  
Name: FERNANDEZ, SEBASTIAN  
Address: 777 S HARBOUR ISLAND BLVD  
890  
City-State-Zip: TAMPA FL 33602

Title: MANAGER  
Name: OAKES, JOHN  
Address: 777 S HARBOUR ISLAND BLVD  
890  
City-State-Zip: TAMPA FL 33602

Title: MANAGER  
Name: KUPERMAN, MARK  
Address: 777 S HARBOUR ISLAND BLVD  
890  
City-State-Zip: TAMPA FL 33602

*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:** OLIVIER ROUGIE

**PRESIDENT**

**01/12/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date