

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000001450

**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

**FEI Number:** 20-2408441

**Certificate of Status Desired:** No

**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 CHMN  
Name KELLY, THOMAS J  
Address 777 S. HARBOUR ISLAND BLVD.,  
SUITE 890  
City-State-Zip: TAMPA FL 33602

Title V-CH  
Name RICE, GEORGE D  
Address 777 S. HARBOUR ISLAND BLVD.,  
SUITE 890  
City-State-Zip: TAMPA FL 33602

Title PRES  
Name WOHLHUETER, ALEX  
Address 777 S. HARBOUR ISLAND BLVD.,  
SUITE 890  
City-State-Zip: TAMPA FL 33602

Title EX P  
Name ROUGIE, OLIVIER  
Address 777 S. HARBOUR ISLAND BLVD.,  
SUITE 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

**CFO**

**01/06/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date