

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000085657

**Entity Name:** REVOL USA LLC

**Current Principal Place of Business:**

4625 ALEXANDER DRIVE  
SUITE #170  
ALPHARETTA, GA 30022

**Current Mailing Address:**

4625 ALEXANDER DRIVE  
SUITE #170  
ALPHARETTA, GA 30022 US

**FEI Number:** 51-0552443

**Certificate of Status Desired:** No

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

JADE ASSOCIATE  
100 N BISCAYNE BLVD - SUITE 500  
MIAMI, FL 33132 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 MGRM  
Name REVOL USA INC  
Address 4625 ALEXANDER DRIVE  
SUITE #170  
City-State-Zip: ALPHARETTA GA 30022

Title AMBR  
Name PASSOT, OLIVIER  
Address 4625 ALEXANDER DRIVE  
SUITE #170  
City-State-Zip: ALPHARETTA GA 30022

Title AMBR  
Name NUEL, THIERRY  
Address 4625 ALEXANDER DRIVE  
SUITE #170  
City-State-Zip: ALPHARETTA GA 30022

Title MGR  
Name PALOMO, RAPHAEL  
Address 4625 ALEXANDER DRIVE  
SUITE #170  
City-State-Zip: ALPHARETTA GA 30022

*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:** RAPHAEL PALOMO

**BRANCH MANAGER**

**01/25/2016**

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

\_\_\_\_\_ Date