

2017 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 MGRM
Name PASSOT, OLIVIER MMGRM
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

01/12/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date