

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000175713

Entity Name: REVO2 SOLUTIONS, LLC**Current Principal Place of Business:**225 NE MIZNER BLVD, STE. 510
BOCA RATON, FL 33432**Current Mailing Address:**225 NE MIZNER BLVD, STE. 510
BOCA RATON, FL 33432**FEI Number:** 46-4399926**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TOBIN & REYES, P.A.
225 NE MIZNER BLVD, STE. 510
BOCA RATON, FL 33432 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	SMITH, M. BROOKS
Address	225 NE MIZNER BLVD, STE. 510
City-State-Zip:	BOCA RATON FL 33432

Title	MGR
Name	GRAVES, PHILLIP
Address	225 NE MIZNER BLVD, STE. 510
City-State-Zip:	BOCA RATON FL 33432

Title	MGR
Name	KOPELMAN, RICHARD
Address	225 NE MIZNER BLVD, STE. 510
City-State-Zip:	BOCA RATON FL 33432

Title	MGR
Name	GALLETTA, ROBERT J. JR.
Address	225 NE MIZNER BLVD, STE. 510
City-State-Zip:	BOCA RATON FL 33432

Title	MGR
Name	PETERS, SAM
Address	225 NE MIZNER BLVD, STE. 510
City-State-Zip:	BOCA RATON FL 33432

Title	CEO
Name	KIRSCHNER, RONALD
Address	225 NE MIZNER BLVD, STE. 510
City-State-Zip:	BOCA RATON FL 33432

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: M. BROOKS SMITH**MGR****03/25/2015**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date