

**2018 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

**FILED**  
**Mar 13, 2018**  
**Secretary of State**  
**CC8605785240**

*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:** RONALD S KIRSCHNER

**CEO**

**03/13/2018**

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

\_\_\_\_\_  
Date