

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