

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000008046

**Entity Name:** REVCHAIN SOLUTIONS, LLC

**Current Principal Place of Business:**

4005 N. RODNEY PARHAM  
MAILSTOP: 1170-B1F03-531A  
LITTLE ROCK, AR 72212

**Current Mailing Address:**

4005 N. RODNEY PARHAM  
MAILSTOP: 1170-B1F03-531A  
LITTLE ROCK, AR 72212 US

**FEI Number:** 46-3139610

**Certificate of Status Desired:** No

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

REGISTERED AGENT SOLUTIONS, INC.  
2894 REMINGTON GREEN LANE  
SUITE A  
TALLAHASSEE, FL 32308 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           MANAGER  
Name           SUNU, PAUL H.  
Address        4005 N. RODNEY PARHAM  
                  MAILSTOP: 1170-B1F03-531A  
City-State-Zip: LITTLE ROCK AR 72212

Title           MANAGER  
Name           MOODY, KRISTI M.  
Address        4005 N. RODNEY PARHAM  
                  MAILSTOP: 1170-B1F03-531A  
City-State-Zip: LITTLE ROCK AR 72212

*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:** KRISTI MOODY

**MANAGER**

**01/18/2024**

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

\_\_\_\_\_  
Date