

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000063622

**Entity Name:** ASCENDO RESOURCES, LLC

**Current Principal Place of Business:**

2 ALHAMBRA PLAZA  
SUITE 1220  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2 ALHAMBRA PLAZA  
SUITE 1220  
CORAL GABLES, FL 33134 US

**FEI Number:** 27-0455328

**Certificate of Status Desired:** No

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

PENA, GUSTAVO  
2 ALHAMBRA PLAZA  
SUITE PH2-A  
CORAL GABLES, FL 33134 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 PENA, GUSTAVO  
Address 2 ALHAMBRA PLAZA  
SUITE 1220  
City-State-Zip: CORAL GABLES FL 33134

Title MANAGER  
Name HOLZER, EUGENE  
Address 500 WEST CYPRESS CREEK ROAD  
STE. 230  
City-State-Zip: FORT LAUDERDALE FL 33309

Title CFO  
Name BRAU, ALEX  
Address 500 WEST CYPRESS CREEK ROAD  
SUITE 230  
City-State-Zip: FORT LAUDERDALE FL 33309

*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:** ALEX BRAU

CFO

04/19/2024

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

\_\_\_\_\_  
Date