## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000077271

Entity Name: ASCENDANT UNDERWRITERS, LLC

**Current Principal Place of Business:** 

5835 BLUE LAGOON DRIVE SUITE 400 MIAMI. FL 33126

**Current Mailing Address:** 

P.O. BOX 260490 MIAMI, FL 33126 US

FEI Number: 27-0742434 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HARRIPAUL, HANCE 5835 BLUE LAGOON DRIVE SUITE 400 MIAMI, FL 33126 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: HANCE HARRIPAUL 02/27/2015

Electronic Signature of Registered Agent

Date

FILED Feb 27, 2015

**Secretary of State** 

CC0245574227

Authorized Person(s) Detail:

Title MGRM

Name PREMIER RISK MANAGEMENT, LLC

Address PO BOX 260546 City-State-Zip: MIAMI FL 33126

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.