

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000037575

**Entity Name:** ASCENT AIR, LLC

**Current Principal Place of Business:**

219 SCENIC GULF DRIVE  
UNIT 1520  
MIRAMAR BEACH, FL 32550

**Current Mailing Address:**

219 SCENIC GULF DRIVE  
UNIT 1520  
MIRAMAR BEACH, FL 32550

**FEI Number:** 27-2298460

**Certificate of Status Desired:** No

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

BLASE, CRAIG S  
219 SCENIC GULF DRIVE  
UNIT 1520  
MIRAMAR BEACH, FL 32550 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           BLASE, CRAIG S  
Address        219 SCENIC GULF DRIVE; UNIT 1520  
City-State-Zip: MIRAMAR BEACH FL 32550

Title           AUTHORIZED PERSON  
Name           NIDA, LYONS  
Address        3060 PEACHTREE RD. NW SUITE 1550  
City-State-Zip: ATLANTA GA 30305

*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:** LYONS NIDA

**AUTHORIZED PERSON**

**04/11/2024**

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

\_\_\_\_\_  
Date