

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000019647

**Entity Name:** ASCEND SOLUTIONS ONE, LLC

**Current Principal Place of Business:**

273 MIDDLE WAY  
NEW SMYRNA BEACH, FL 32169

**Current Mailing Address:**

PO BOX 20938  
ROANOKE, VA 24018 US

**FEI Number:** 45-4484504

**Certificate of Status Desired:** No

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

WALKER, ROBERT CLARKE  
273 MIDDLE WAY  
NEW SMYRNA BEACH, FL 32169 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 WALKER, ROBERT CLARKE  
Address 273 MIDDLE WAY  
City-State-Zip: NEW SMYRNA BEACH FL 32169

*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:** ROBERT CLARKE WALKER

**MEMBER**

**01/09/2018**

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

\_\_\_\_\_  
Date