

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000084765

Entity Name: ASCENTIA ENTERPRISE MANAGEMENT AND CONSULTING
LLC

FILED
Feb 09, 2016
Secretary of State
CC6845905106

Current Principal Place of Business:

C/O ASCENTIA FE
2202 N WEST SHORE BLVD SUITE 200
TAMPA, FL 33607

Current Mailing Address:

C/O ASCENTIA FE
2202 N WEST SHORE BLVD SUITE 200
TAMPA, FL 33607 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHARLES , KINGSLEY
C/O ASCENTIA FE
2202 N WEST SHORE BLVD SUITE 200
TAMPA, FL 33607 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: KINGSLEY CHARLES

02/09/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | | | |
|-----------------|---|-----------------|---|
| Title | MANAGER | Title | MANAGER |
| Name | WILSON, CASEY | Name | CHARLES , KINGSLEY |
| Address | C/O ASCENTIA FE 2202 N WEST SHORE BLVD SUITE 200 | Address | C/O ASCENTIA FE 2202 N WEST SHORE BLVD SUITE 200 |
| City-State-Zip: | TAMPA FL 33607 | City-State-Zip: | TAMPA FL 33607 |

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: KINGSLEY CHARLES

MANAGER

02/09/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date