

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000185709

Entity Name: ASCENDANT INSURANCE SOLUTIONS, LLC**Current Principal Place of Business:**2199 PONCE DE LEON BOULEVARD
SUITE 500
CORAL GABLES, FL 33134**Current Mailing Address:**P.O. BOX 141368
CORAL GABLES, FL 33114 US**FEI Number:** 38-4091340**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HARRIPAUL, HANCE
2199 PONCE DE LEON BOULEVARD
SUITE 500
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	PREMIER RISK MANAGEMENT, LLC
Address	PO BOX 260546
City-State-Zip:	MIAMI FL 33126

Title	PRES
Name	CEJAS, PABLO L
Address	2199 PONCE DE LEON BLVD., SUITE 500
City-State-Zip:	CORAL GABLES FL 33134

Title	SEC
Name	CARBALLO, MARGARITA S
Address	2199 PONCE DE LEON BLVD., SUITE 500
City-State-Zip:	CORAL GABLES FL 33134

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: PABLO L. CEJAS

PRESIDENT

02/07/2019

Electronic Signature of Signing Authorized Person(s) Detail_____
Date