

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000261129

**Entity Name:** ACSSENT LLC

**Current Principal Place of Business:**

17445 HWY 192, SUITE 15  
SUITE 15  
CLERMONT, FL 34714

**Current Mailing Address:**

17445 HWY 192, SUITE 15  
SUITE 15  
CLERMONT, FL 34714 UN

**FEI Number:** 00-0000000

**Certificate of Status Desired:** No

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

HOMES OF AMERICA MANAGEMENT  
17445 HWY 192  
SUITE 15  
CLERMONT, FL 34714 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 MGR  
Name SPIRITO, ANTONIO  
Address 17445 HWY 192, SUITE 15  
City-State-Zip: CLERMONT FL 34714

Title MGR  
Name SPIRITO, CLAUDIA  
Address 17445 HWY 192, SUITE 15  
City-State-Zip: CLERMONT FL 34714

Title MGR  
Name SPIRITO, FILIPPO  
Address 17445 HWY 192, SUITE 15  
City-State-Zip: CLERMONT FL 34714

*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:** ANTONIO SPIRITO

**MGR**

**04/27/2024**

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

\_\_\_\_\_  
Date