

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000452865

**Entity Name:** ASCENTE LLC

**Current Principal Place of Business:**

6039 COLLINS AVE  
#410  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

6039 COLLINS AVE  
#410  
MIAMI BEACH, FL 33140 US

**FEI Number:** 93-3752450

**Certificate of Status Desired:** No

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

LUY, WAYMAN  
575 COCONUT CIRCLE  
WESTON, FL 33326 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	AMBR	Title	AMBR
Name	LUY, WAYMAN	Name	TZUR, AVIV
Address	575 COCONUT CIRCLE	Address	21110 NE 23 AVE
City-State-Zip:	WESTON FL 33326	City-State-Zip:	MIAMI FL 33180
Title	AMBR		
Name	JURN, KRISTEN		
Address	6039 COLLINS AVE, 410		
City-State-Zip:	MIAMI BEACH FL 33140		

*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:** WAYMAN EDUARDO LUY

**MEMBER**

**05/02/2024**

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

\_\_\_\_\_  
Date