

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90149 028 ****50.00

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1. Entity Name
ASCENT, L.C.



Principal Place of Business
520 S.E. 8TH AVENUE
CRYSTAL RIVER, FL 33423-0976

Mailing Address
P.O. BOX 875
CRYSTAL RIVER, FL 34423-0875

24064423



2. Principal Place of Business

3. Mailing Address

04212004 Chg-LLC CR2E083 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
22-3871141

Applied For
Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

Zip 34429

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STALCUP, VICTORIA
520 S.E. 8TH AVENUE
CRYSTAL RIVER, FL

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE D ☐ Delete
NAME STALCUP, VICTORIA
STREET ADDRESS 520 SE 8TH AVE.
CITY-ST-ZIP CRYSTAL RIVER, FL 34429

TITLE ☒ Change ☐ Addition
NAME Manager
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME STALCUP, WILLIAM J
STREET ADDRESS 520 SE 8TH AVE
CITY-ST-ZIP CRYSTAL RIVER, FL 34429

TITLE ☒ Change ☐ Addition
NAME manager
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HUBBARD, JEREMIAH
STREET ADDRESS 520 SE 8TH AVE
CITY-ST-ZIP CRYSTAL RIVER, FL 34429

TITLE ☒ Change ☐ Addition
NAME manager
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HUBBARD, TANA
STREET ADDRESS 520 SE 8TH AVE
CITY-ST-ZIP CRYSTAL RIVER, FL 34429

TITLE ☒ Change ☐ Addition
NAME Manager
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: *Tana W. Hubbard*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-27-04

Date

Daytime Phone #

(352) 745-1300