

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000020531**

1. Entity Name  
ASCENT, L.C.



Principal Place of Business  
520 S.E. 8TH AVENUE  
CRYSTAL RIVER, FL 34429

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



04212005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
22-3871141

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000358872  
05/04/05-80132-007 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: \_\_\_\_\_

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

Date

Daytime Phone #

4/26/05 (352) 745-1300