

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90146 047 ***138.75

DOCUMENT # L04000010009

1. Entity Name
ASCENT, L.L.C.



Principal Place of Business
**2100 S.E. OCEAN BLVD.
SUITE 102
STUART, FL 34996**

Mailing Address
**2100 S.E. OCEAN BLVD.
SUITE 102
STUART, FL 34996**

60015716



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02282008 Chg-LLC CR2E083 (12/06)

4. FEI Number

56-2434827

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARATTA, ROBERT O M.D.
31 S.E. HARBOR POINT DRIVE
STUART, FL 34996**

Name **Edwin E. Mortell, Esquire**

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

416 S.E. Flamingo Avenue

City **Stuart**

FL

Zip Code **34996**

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

3/12/2008

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **BARATTA, ROBERT O M.D.**
STREET ADDRESS **31 S.E. HARBOR POINT DRIVE**
CITY-ST-ZIP **STUART, FL 34996**

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

TITLE **MGRM** ☐ Delete
NAME **BARATTA, GREGG**
STREET ADDRESS **3315 SW SUNSET TRACE CIRCLE**
CITY-ST-ZIP **PALM CITY, FL 34990**

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

TITLE **MGRM** ☐ Delete
NAME **BARATTA, SCOTT**
STREET ADDRESS **923 SE RIVERSIDE DR**
CITY-ST-ZIP **STUART, FL 34994**

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

TITLE **MGRM** ☐ Delete
NAME **RAINIS, MARK**
STREET ADDRESS **10 PHOENIX DRIVE**
CITY-ST-ZIP **MENDHAM, NJ 07935**

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

TITLE **MGRM** ☐ Delete
NAME **IMMORDINO, CHARLES**
STREET ADDRESS **1918 CRANBERRY DRIVE**
CITY-ST-ZIP **PORT SAINT LUCIE, FL 34983**

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 exemptions contained in Chapter 119, 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:

Robert O. Baratta

ROBERT O. BARATTA

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

Date

Daytime Phone #