

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000128016

FILED  
Mar 20, 2009  
Secretary of State

**Entity Name:** ASCENDANT TRAINING SOLUTIONS, LLC

**Current Principal Place of Business:**

372 OSPREY LAKES CIRCLE  
CHULUOTA, FL 32766

**New Principal Place of Business:**

**Current Mailing Address:**

1809 EAST BROADWAY  
SUITE 188  
OVIEDO, FL 32765 US

**New Mailing Address:**

**FEI Number:** 26-1644366      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

DENNY, MATTHEW O  
372 OSPREY LAKES CIRCLE  
CHULUOTA, FL 32766 US

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

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR      ( ) Delete  
**Name:** DENNY, MATTHEW O  
**Address:** 372 OSPREY LAKES CIRCLE  
**City-St-Zip:** CHULUOTA, FL 32766 US

**ADDITIONS/CHANGES:**

**Title:** PRES      (X) Change ( ) Addition  
**Name:** DENNY, MATTHEW O  
**Address:** 372 OSPREY LAKES CIRCLE  
**City-St-Zip:** CHULUOTA, FL 32766 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: MATTHEW O. DENNY

PRES

03/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date