

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000021322

**Entity Name:** ASCEND 2 GLORY, LLC

**Current Principal Place of Business:**

ATTENTION: DAVID PASQUALONE  
536 QUAIL NEST LANE  
PENSACOLA, FL 32514

**Current Mailing Address:**

ATTENTION: DAVID PASQUALONE  
536 QUAIL NEST LANE  
PENSACOLA, FL 32514 US

**FEI Number:** 45-4531518

**Certificate of Status Desired:** No

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

PASQUALONE, DAVID P  
6405 HERMITAGE DR  
PENSACOLA, FL 32504 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           | MGRM                | Title           | MGRM               |
| Name            | PASQUALONE, DAVID P | Name            | PASQUALONE, SARA K |
| Address         | 6405 HERMITAGE DR   | Address         | 6405 HERMITAGE DR  |
| City-State-Zip: | PENSACOLA FL 32504  | City-State-Zip: | PENSACOLA FL 32504 |

*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:** DAVID P PASQUALONE

**MGRM**

**03/24/2014**

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

\_\_\_\_\_  
Date