

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000185709

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

**Current Principal Place of Business:**

2199 PONCE DE LEON BOULEVARD  
SUITE 500  
CORAL GABLES, FL 33134

**Current Mailing Address:**

P.O. BOX 141368  
CORAL GABLES, FL 33114 US

**FEI Number: 38-4091340**

**Certificate of Status Desired:** No

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

HARRIPAUL, HANCE  
2199 PONCE DE LEON BOULEVARD  
SUITE 500  
CORAL GABLES, FL 33134 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  
Name PREMIER RISK MANAGEMENT, LLC  
Address PO BOX 260546  
City-State-Zip: MIAMI FL 33126

Title PRES  
Name CEJAS, PABLO L  
Address 2199 PONCE DE LEON BLVD., SUITE 500  
City-State-Zip: CORAL GABLES FL 33134

Title SEC  
Name CARBALLO, MARGARITA S  
Address 2199 PONCE DE LEON BLVD., SUITE 500  
City-State-Zip: CORAL GABLES FL 33134

*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: PABLO L. CEJAS**

**PRESIDENT**

**01/31/2022**

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

\_\_\_\_\_  
Date