

2025 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: Yes

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

Title ASST. SECRETARY
Name LYNCH, ESTELA
Address 2199 PONCE DE LEON BOULEVARD 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: PREMIER RISK MANAGEMENT

MGR

01/30/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date