

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000456148

Entity Name: STAGE CAPITAL FLORIDA LLC**Current Principal Place of Business:**633 9TH ST N STE 301
NAPLES, FL 34102**Current Mailing Address:**340 9TH ST N PMB 267
NAPLES, FL 34102 US**FEI Number:** 87-3239898**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GABAUER, JASON
340 9TH ST N PMB 267
NAPLES, FL 34102 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 MANAGER, PRESIDENT
Name BELFORD, DAVID A
Address 340 9TH ST N PMB 267
City-State-Zip: NAPLES FL 34102

Title TREASURER
Name GABAUER, JASON
Address 340 9TH ST N PMB 267
City-State-Zip: NAPLES FL 34102

Title ASST. SECRETARY
Name MESS, MICHAEL A
Address 501 MORRISON RD STE 100
City-State-Zip: GAHANNA OH 43230

Title SECRETARY
Name KING, HILARY
Address 340 9TH ST N PMB 267
City-State-Zip: NAPLES FL 34102

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: HILARY KING**SECRETARY****03/24/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date