

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000069833

**Entity Name:** FALCON AFFILIATES, LLC

**Current Principal Place of Business:**

1414 W SWANN AVE  
STE 100  
TAMPA, FL 33606

**Current Mailing Address:**

1414 W SWANN AVE  
STE 100  
TAMPA, FL 33606

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

STANTON, WILLIAM M  
201 N FRANKLIN STREET  
STE 2000  
TAMPA, FL 33602 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           | MGR                           | Title           | TREASURER, SECRETARY        |
| Name            | KRUSEN, WILLIAM A III         | Name            | JONES, DOUGLAS N            |
| Address         | 1414 W SWANN AVE<br>SUITE 100 | Address         | 1414 W SWANN AVE<br>STE 100 |
| City-State-Zip: | TAMPA FL 33606                | City-State-Zip: | TAMPA FL 33606              |

*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:** DOUGLAS NEAL JONES

**TREASURER**

**03/22/2024**

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

\_\_\_\_\_  
Date