

**2020 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:** 27-0598110

**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 SUITE 100	Address	1414 W SWANN AVE 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 JONES

**TREASURER**

**03/04/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date