

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000064628

**Entity Name:** 6329 MANAGEMENT COMPANY, LLC

**Current Principal Place of Business:**

4900 GULF SHORE BLVD. N.  
NAPLES, FL 34103

**Current Mailing Address:**

PO BOX 110657  
NAPLES, FL 34108 UN

**FEI Number:** 87-4189792

**Certificate of Status Desired:** No

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

GRAFFY, PHILIP  
4900 GULF SHORE BLVD. N.  
NAPLES, FL 34103 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  
Name GRAFFY, PHILIP  
Address 4900 GULF SHORE BLVD. N.  
City-State-Zip: NAPLES FL 34103

*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:** PHILIP J. GRAFFY

**MANAGING MEMBER**

**04/27/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date