

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000510901

**Entity Name:** 336FL LLC

**Current Principal Place of Business:**

633 9TH ST. N.  
STE. 301  
NAPLES, FL 34102

**Current Mailing Address:**

633 9TH ST. N.  
STE. 301  
NAPLES, FL 34102 US

**FEI Number:** 93-4464776

**Certificate of Status Desired:** No

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

STAGE CAPITAL FLORIDA, LLC  
633 9TH ST. N.  
STE. 301  
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 MGR  
Name STAGE CAPITAL FLORIDA, LLC  
Address 633 9TH ST. N., STE. 301  
City-State-Zip: NAPLES FL 34102

Title AR  
Name GABAUER, DAVID J  
Address 633 9TH ST. N., STE. 301  
City-State-Zip: NAPLES FL 34102

Title AR  
Name KING, HILARY L  
Address 633 9TH ST. N., STE. 301  
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

AR

03/08/2024

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

\_\_\_\_\_  
Date