2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2025
Secretary of State
7942155489CC

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Entity Name: CNL STRATEGIC CAPITAL, LLC

Current Principal Place of Business:

450 SOUTH ORANGE AVENUE
ORLANDO, FL 32801

Current Mailing Address:

450 SOUTH ORANGE AVENUE
ORLANDO, FL 32801 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	CEO
Name	BHAVSAR, CHIRAG J.
Address	450 SOUTH ORANGE AVENUE
City-State-Zip:	ORLANDO FL 32801

Title	SECRETARY
Name	BRACCO, TRACEY B.
Address	450 SOUTH ORANGE AVENUE
City-State-Zip:	ORLANDO FL 32801

Title	SENIOR VICE PRESIDENT
Name	SUBASI, SAFAK
Address	450 SOUTH ORANGE AVENUE
City-State-Zip:	ORLANDO FL 32801

Title	INDEPENDENT DIRECTOR
Name	LINSZ, MARK D.
Address	450 SOUTH ORANGE AVENUE
City-State-Zip:	ORLANDO FL 32801

Title	GENERAL COUNSEL
Name	BRACCO, TRACEY B.
Address	450 SOUTH ORANGE AVENUE
City-State-Zip:	ORLANDO FL 32801

Title	INTERIM CHIEF OPERATING OFFICER
Name	TIPTON, TAMMY J.
Address	450 SOUTH ORANGE AVENUE
City-State-Zip:	ORLANDO FL 32801

Title	SENIOR MANAGING DIRECTOR
Name	DRURY, PAUL W.
Address	450 SOUTH ORANGE AVENUE
City-State-Zip:	ORLANDO FL 32801

Title	MANAGER
Name	CNL STRATEGIC CAPITAL MANAGEMENT, LLC
Address	450 SOUTH ORANGE AVENUE
City-State-Zip:	ORLANDO FL 32801

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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: TRACEY B. BRACCO SECRETARY 03/03/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date

Authorized Person(s) Detail Continued :

Title DIRECTOR
Name LEVINE, ARTHUR E.
Address 450 SOUTH ORANGE AVENUE
City-State-Zip: ORLANDO FL 32801

Title INDEPENDENT DIRECTOR
Name POSEN, BENJAMIN A.
Address 450 SOUTH ORANGE AVENUE
City-State-Zip: ORLANDO FL 32801

Title CHAIRMAN
Name SENEFF, JAMES M. JR.
Address 450 SOUTH ORANGE AVENUE
City-State-Zip: ORLANDO FL 32801

Title INDEPENDENT DIRECTOR
Name WOODY, ROBERT J.
Address 450 SOUTH ORANGE AVENUE
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name SENEFF, JAMES M. JR.
Address 450 SOUTH ORANGE AVENUE
City-State-Zip: ORLANDO FL 32801