

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M19000003334

**FILED**  
**Mar 23, 2024**  
**Secretary of State**  
**9494155660CC**

**Entity Name:** USR STRATEGIC CAPITAL DEBTCO, LLC

**Current Principal Place of Business:**

450 S. ORANGE AVE.  
ORLANDO, FL 32801

**Current Mailing Address:**

PO BOX 4920  
ORLANDO, FL 32802 US

**FEI Number:** 84-1921391

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
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           MANAGER  
Name           CNL STRATEGIC CAPITAL  
                  MANAGEMENT, LLC  
Address        450 S. ORANGE AVE.  
City-State-Zip: ORLANDO FL 32801

Title           SUB-MANAGER  
Name           LEVINE LEICHTMAN STRATEGIC  
                  CAPITAL,LLC  
Address        450 S. ORANGE AVE.  
City-State-Zip: ORLANDO FL 32801

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

*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**

**03/23/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date