

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000129312

Entity Name: FLORIDA TECHNOLOGY SEED CAPITAL FUND, LLC**Current Principal Place of Business:**3651 FAU BLVD STE 400
BOCA RATON, FL 33431**Current Mailing Address:**3651 FAU BLVD STE 400
BOCA RATON, FL 33431**FEI Number:** 46-3686978**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**FLORIDA ATLANTIC RESEARCH AND DEVELOPMENT AUTHORITY
3651 FAU BLVD STE 400
BOCA RATON, FL 33431 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:** CHRISTINE CANNON-BURRES

01/12/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title CEO
Name STREETER, JACKSON DR.
Address 747 SW 2ND AVENUE
IMB #22, SUITE 301
City-State-Zip: GAINESVILLE FL 32601

Title MANAGER
Name O'CONNELL, JIM
Address 747 SW 2ND AVENUE
IMB #48
City-State-Zip: GAINESVILLE FL 32611

Title MANAGER
Name WASSEL, RICK
Address 235 E. PRINCETON STREET
SUITE 210
City-State-Zip: ORLANDO FL 32804

Title MANAGER
Name GRAHAM, DREW
Address 401 EAST JACKSON STREET
SUITE 2300
City-State-Zip: TAMPA FL 33602

Title COO
Name TEAGUE, JANE
Address 3651 FAU BLVD STE 400
City-State-Zip: BOCA RATON FL 33431

Title MANAGER
Name FINLEY, RENEE
Address 4537 CARRARA CT
City-State-Zip: JACKSONVILLE FL 32224

Title MANAGER
Name VALECHE, HAL
Address 338 VIZCAYA DRIVE
City-State-Zip: PALM BEACH GARDENS FL 33418

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: JANE TEAGUE**CHIEF OPERATING
OFFICER**

01/12/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date