

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 27, 2015
Secretary of State
CC1658005272

Entity Name: ASSOCIATION FOR CORPORATE GROWTH FLORIDA CAPITAL CONNECTION, LLC

Current Principal Place of Business:

1303 W. PATTERSON ST
TAMPA, FL 33604

Current Mailing Address:

C/O ROBERT BRIGHTON
PO BOX 1121
TAMPA, FL 33601 US

FEI Number: 41-2256962

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRIGHTON, ROBERT C JR.
200 E. BROWARD BLVD.
#2100
FT. LAUDERDALE, FL 33301 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: ROBERT C. BRIGHTON, JR.

04/27/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name GILLIS, H. TIMOTHY
Address 1022 PARK ST, #209
City-State-Zip: JACKSONVILLE FL 32204

Title MGR
Name LEVY, STANLEY
Address PO BOX 1121
City-State-Zip: TAMPA FL 33601

Title MGR
Name CONNERY, JOHN CJR
Address 101 EAST KENNEDY BLVD
City-State-Zip: TAMPA FL 33602

Title MGR
Name RUBIN, STEFAN
Address 300 S. ORANGE AVE
SUITE 1000
City-State-Zip: ORLANDO FL 32801

Title MGR
Name CREELY, CURT
Address 100 N. TAMPA ST.
SUITE 2700
City-State-Zip: TAMPA FL 33602

Title MGR
Name BRIGHTON, ROBERT C. JR.
Address 200 E. BROWARD BLVD., #2100
City-State-Zip: FT. LAUDERDALE FL 33301

Title MGR
Name MAJER, JOHN K.
Address 1555 PALM BEACH LAKES BLVD.
SUITE 700
City-State-Zip: WEST PALM BEACH FL 33401

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: ROBERT C. BRIGHTON, JR.

MGR

04/27/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date