

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000107540

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

FILED
Apr 06, 2022
Secretary of State
4595267227CC

Current Principal Place of Business:

1303 W PATTERSON ST
TAMPA, FL 33604

Current Mailing Address:

C/O SHERYL SMITH
PO BOX 1121
TAMPA, FL 33601 US

FEI Number: 41-2256962

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ASSOCIATION FOR CORPORATE GROWTH FLORIDA CAPITAL CONNECTION, LLC
1303 W PATTERSON ST
TAMPA, FL 33604 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: SHERYL SMITH

04/06/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

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

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

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

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

Title MANAGER
Name LAFFEY, MATT
Address PO BOX 1121
City-State-Zip: TAMPA FL 33601

Title MANAGER
Name HAND, MICHAEL
Address PO BOX 1121
City-State-Zip: TAMPA FL 33601

Title MANAGER
Name MCKENNA, CATHY
Address PO BOX 1121
City-State-Zip: TAMPA FL 33601

Title MANAGER
Name SCHURIG, NIKEE
Address PO BOX 1121
City-State-Zip: TAMPA FL 33601

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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: GWEN GRIGGS

MANAGER

04/06/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MANAGER

Name BRADSHAW, NELSON

Address 1303 W PATTERSON ST

City-State-Zip: TAMPA FL 33604