

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000107540

**FILED**  
**Apr 15, 2016**  
**Secretary of State**  
**CC5514902214**

**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 TIMOTHY GILLIS  
PO BOX 1121  
TAMPA, FL 33601 US

**FEI Number:** 41-2256962

**Certificate of Status Desired:** No

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

GILLIS, TIMOTHY  
C/O TIMOTHY GILLIS  
PO BOX 1121  
TAMPA, FL 33601 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:** TIMOTHY GILLIS

04/15/2016

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

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

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

Title MGR  
Name ROBBINS, GEORGE W.  
Address 12550 MANDARIN ROAD  
City-State-Zip: JACKSONVILLE FL 32223

*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:** H. TIMOTHY GILLIS

MGR

04/15/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date