

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000107540

**FILED**  
**Mar 25, 2020**  
**Secretary of State**  
**9635097523CC**

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

**Current Principal Place of Business:**

1115 W. PATTERSON ST, SUITE A  
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  
1115 W. PATTERSON ST, SUITE A  
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

03/25/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

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

Title MGR  
Name ZOPHIN, BRIAN  
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 MGR  
Name BRIGHTON, ROBERT  
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

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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:** MATT LAFFEY

MANAGER

03/25/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

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