

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000107540

**FILED**  
**Apr 12, 2017**  
**Secretary of State**  
**CC5880030357**

**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 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**

**04/12/2017**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name GILLIS, H. TIMOTHY  
Address PO BOX 1121  
City-State-Zip: TAMPA FL 33601

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

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

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

Title MGR  
Name ROBBINS, GEORGE W.  
Address PO BOX 1121  
City-State-Zip: TAMPA FL 33601

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

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

*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: STEFAN RUBIN**

**MGR**

**04/12/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date