

L15000135499

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

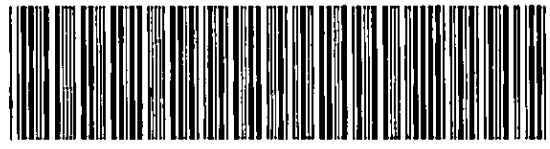
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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J. LEGGETT  
FEB 05 2018

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: A.C.G. Partners LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PAUL FELDMAN, ESQ.  
Name of Person

PAUL FELDMAN, P.A.  
Firm/Company

2750 NE 185TH STREET, SUITE 203  
Address

AVENTURA, FL 33180  
City/State and Zip Code

PAUL@FELDMANCLOSINGS.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAUL FELDMAN, ESQ. at ( 305 ) 931.0433  
Name of Person Area Code Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P O. Box 6327  
Tallahassee, Florida 32314

CR2E138 (2/14)

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: A.C.G. PARTNERS LLC

SECOND: The Florida Document Number of the limited liability company is: L15000135499

THIRD: The street address of the limited liability company's principal office is:

C/O WCR P.O. BOX 800725  
AVENTURA, FL 33180

The mailing address of the limited liability company's principal office is:

C/O WCR P.O. BOX 800725  
AVENTURA, FL 33280

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.

a. Granted to: PAUL FELDMAN, ESQ.

b. No authority granted to: \_\_\_\_\_

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: \_\_\_\_\_

b. No authority granted to: \_\_\_\_\_

  
\_\_\_\_\_  
Signature of authorized representative

CANET Guillaume  
Typed or printed name of signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

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