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J. LEGGETT FEB 0 5 2018

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	A.C.G. Partners LLC	Liability Como	arr.
Dear Si	r or Madam:		,
The en	closed Statement of Authority and feo(s) are subm	itted for filing.	
Please	return all correspondence concerning this matter to	the following:	
PAUI	L FELDMAN, ESQ.		
	Name of Person		
PAUI	L FELDMAN, P.A.		
	Firm/Company		
2750	NE 185TH STREET, SUITE 203		
	Address		
AVE	NTURA, FL 33180		
	City/State and Zip Code		
PAU	L@FELDMANCLOSINGS.COM		
	E-mail address: (to be used for future annual re	port notification)
For fu	rther information concerning this matter, please ca	11:	
PAU	L FELDMAN, ESQ.	305	931.0433
	Name of Person	Area Code	Daytime Telephone Number

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

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

CR2E138 (2/14)

00101/0010

STATEMENT OF AUTHORITY

authority:	cannes, this limited liability company submits the following statemen	lo t
FIRST: The name of the limited liability of	company is: A.C.G. PARTNERS LLC	
SECOND: The Florida Document Number	er of the limited liability company is: L15000135499	_
THIRD: The street address of the limited C/O WCR P.O. BOX 800	liability company's principal office is:	
AVENTURA, FL 33180		
The mailing address of the limit	ted trability company's principal office is:	
AVENTURA, FL 33280		
position of a person in a company, whether person on the following: 1. May exocute an instrument to	rants or sets limitations of authority on all persons having the status of as a member, transferee, manager, officer or otherwise or to a spectransferring real property held in the name of the company. FELDMAN, ESQ.	ific
b. No authority grante	od to:	18 FEE
	ctions on behalf of, or otherwise act for or bind, the company.	3 -2 M
b. No authority grant	sd to:	18 17 46 18 18 A
	CANET Willaum	! e :
Signature of authorized representative	Typed or printed name of signature Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	

CR2E138 (2/14)