

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000004757

**FILED**  
**Jan 17, 2018**  
**Secretary of State**  
**CC6268164045**

**Entity Name:** ACC/GP INVESTMENT LLC

**Current Principal Place of Business:**

C/O FRAN SHAPIRO  
3861 NORTH 31 TERRACE  
HOLLYWOOD, FL 33021

**Current Mailing Address:**

CHERRY BEKAERT LLP  
2525 PONCE DE LEON BLVD SUITE 1040  
CORAL GABLES, FL 33134 US

**FEI Number:** 71-0865980

**Certificate of Status Desired:** No

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

SHAPIRO, FRANCES  
CHERRY BEKAERT LLP  
2525 PONCE DE LEON BLVD SUITE 1040  
CORAL GABLES, FL 33134 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:** FRANCES SHAPIRO

01/17/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	PRESIDENT, TREASURER, DIRECTOR
Name	ACC/GP SOUTHEASTERN, LLC	Name	SHAPIRO, FRANCES
Address	CHERRY BEKAERT LLP 2525 PONCE DE LEON BLVD SUITE 1040	Address	CHERRY BEKAERT LLP 2525 PONCE DE LEON BLVD SUITE 1040
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134
Title	VP, DIRECTOR	Title	VP, DIRECTOR
Name	FEINGOLD, ESTHER	Name	BEDZOW, MICHAEL
Address	CHERRY BEKAERT LLP 2525 PONCE DE LEON BLVD SUITE 1040	Address	CHERRY BEKAERT LLP 2525 PONCE DE LEON BLVD SUITE 1040
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134
Title	VP, SECRETARY, DIRECTOR	Title	CHAIRMAN, DIRECTOR
Name	BEDZOW, SARA	Name	BEDZOW, CHARLES
Address	CHERRY BEKAERT LLP 2525 PONCE DE LEON BLVD SUITE 1040	Address	CHERRY BEKAERT LLP 2525 PONCE DE LEON BLVD SUITE 1040
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134

*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:** FRANCES SHAPIRO

**PRESIDENT**

01/17/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date