

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000167046

**Entity Name:** 2ACG PROPERTIES, LLC

**Current Principal Place of Business:**

1589 KINGS RD  
JACKSONVILLE, FL 32209

**Current Mailing Address:**

2429 MERCER WALK  
CONYERS, GA 30094

**FEI Number:** 46-4219385

**Certificate of Status Desired:** No

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

FOUNTAIN, GAIL  
1589 KINGS RD  
JACKSONVILLE, FL 32209 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGRM  
Name FOUNTAIN, GAIL  
Address 2429 MERCER WALK  
City-State-Zip: CONYERS GA 30094

Title MGRM  
Name FOUNTAIN, CHARNESE T  
Address 2606 CARRINGTON WAY  
City-State-Zip: CONYERS GA 30094

Title MGRM  
Name FOUNTAIN, ALBERT  
Address 2429 MERCER WALK  
City-State-Zip: CONYERS GA 30094

Title MGRM  
Name GOLPHIN, ALTINEKA C  
Address 2606 SW WHIPPOORWILL WAY  
City-State-Zip: CONYERS GA 30094

*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:** GAIL B FOUNTAIN

**OWNER**

**04/29/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date