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2015 JUL 13 P 3 30
SECRETARY OF STATE

JUL 13 2015

Gorfinkel Law Chartered

Nestor Gorfinkel Attorney At Law & Civil-Law Notary

2441 Hollywood Blvd. Hollywood, Florida 33020 email: esq@gorfinkel-law.com Tel: 305.932.5757 (Miami-Dade) Tel: 954.613.3908 (Broward)

July 8, 2015

Florida Department of State PO Box 6327 Tallahassee, FL 32314

RE: Letter # 415A00013784 · Turnberry 1101, LLC

Letter # 215A00013785 -Meridian Consulting Solutions LLC

Attached are the signed documents as requested. Please contact me if you have any questions.

Very Truly Yours,

Nestor B. Gorfinkel

NBG/m/sg

Encl.

SECRETARY OF STATE TALL AHASSEE FI DOING

FLORIDA DEPARTMENT OF STATE Division of Corporations

July 1, 2015

NESTOR GORFINKEL REGISTERED SERVICES, LLC 2241 HOLLYWOOD BLVD. HOLLYWOOD, FL 33020

SUBJECT: TURNBERRY 1101, LLC

Ref. Number: L06000056581

We have received your document for TURNBERRY 1101, LLC and your check(s) totaling \$595.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 415A0001378

015 JUL 13 P 3: 3

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Turnberr'	y O , le of Limited L	ability Company		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing		
Please return all correspondence concerning th	is matter to the	following:		
Nestor Gorfinkel				
Name of Person		_		
Registered Services, LLC				
Firm/Company				
2241 Hollywood Blvd.				
Address			20 S TAI	
Hollywood, FL 33020			2015 JUL SECRETI ALLAHA	-11
City/State and Zip Code			TARY	
fl.regservices@gmail.com			ূল লুলি সা	m
E-mail address: (to be used for future and	nual report notif	ication)	STAT	
For further information concerning this matter	, please call:		30 TE DA	
Nestor Gorfinkel	305 at (932-5757		
Name of Person		Area Code & Daytime Tele	phone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di P.	egistration Section vision of Corporations O. Box 6327 ellahassee, Florida 32314		
Enclosed is a check for the following	g amount:			
☑ \$25 Filing Fee	□ \$	55 Filing Fee & Certified Cop	у	

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company:	Turn	berry	11	OI, LLC	
2. (a)			(b)			
2. (u)	Principal office address of limited liability of (Note: MUST BE STREET ADDRESS)			N	Mailing address of limited liability c (Note: MAY BE POST OFFICE	
3.	Date of filing/registration in Florid	da	 - 4.	Lo	600056581 Document number	
5. (a	Registered Agent and Registered Office shown on the REGISTERED SERVICES, LLC	ne records of t	the Florida Dep	t. of State	– e:	
	Registered Office Address (MUST BE FLORID 20818 West Dixie Highway	A STREET A	ADDRESS)		- H. 2	
	Aventura	, FL	33180		2015 JUL SECRETA FALLAHA	1
(b))				UL 13 ETARY HASSE	I ED
	Enter name of NEW Registered Agent and/or NEV Registered Services, LLC	V Registered	Office address	<u>\$</u> :	OF STA	O
	NEW Registered Office Address:				- 15 30 30	
	2241 Hollywood Blvd.				-	
	Hollywood-	, FL	33020		_	
the cl agent was/v the ar	limited liability company is not organized us hange or changes are made, the Florida stree will be identical. Or, in the case of a Florida were authorized by an affirmative vote of the rticles of organization or the operating agreements of a member or authorized representative of a member of a	t address of la limited li e members of ment of the	f the register ability comp of the limited limited liab	ed offic any, it i d liabilit ility con	te and the business office of the is hereby confirmed that the confirmed that the company or as otherwise p	he registered hange(s)
I her provi the o	nature of a member or authorized representative of a mare by accept the appointment as registered agains of all statutes relative to the proper arbligations of my position as registered agent reflect a change in the registered office led in writing of this change.					ply with the h and accep s being filed has been
Signa	nture of Registered Agent Nestor Gorfinke Division of Corporati	a) 9/4				
	u Division of Corporati	ons P.O. FILING F	Box 6327• TEE: \$25.00	Tallaha	assee, FL 32314	