

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000171235

**FILED**  
**Feb 18, 2015**  
**Secretary of State**  
**CC9870283272**

**Entity Name:** TURKS SCRAP PROCESSING LLC

**Current Principal Place of Business:**

6902 EAST 6TH AVENUE  
TAMPA, FL 33619

**Current Mailing Address:**

6902 EAST 6TH AVENUE  
TAMPA, FL 33619 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

KAVURT LAW OFFICES, P.A.  
636 WEST YALE STREET  
ORLANDO, FL 32804 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 AUTHORIZED MEMBER  
Name COOPER, MARC A  
Address 2411 EUSTON ROAD  
City-State-Zip: WINTER PARK FL 32739

Title AUTHORIZED MEMBER  
Name HASOGLU, FUAT  
Address 3040 EAST MAIN STREET  
City-State-Zip: LAKELAND FL 33801

Title AUTHORIZED MEMBER  
Name TURKOGLU, HIDAYET  
Address 3040 EAST MAIN STREET  
City-State-Zip: LAKELAND FL 33801

*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:** FUAT HASOGLU

**AUTHORIZED MEMBER**

**02/18/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date