

A02018

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES

JAN 21 2009

EXAMINER



# Peckar & Abramson

A Professional Corporation • Attorneys & Counselors at Law

One Southeast Third Avenue  
Suite 3100  
Miami, FL 33131  
tel. 305.358.2600  
fax 305.375.0328

Joseph B. Reisman  
[jreisman@pecklaw.com](mailto:jreisman@pecklaw.com)

January 14, 2009

## VIA US REGULAR MAIL

Registration Section  
Division of Corporation  
P.O. Box 6327  
Tallahassee, Florida 32314

Fort Lauderdale

Orlando

New York

New Jersey

San Francisco

Los Angeles

Orange County

Washington, D.C.

Chicago

London

Re: **Warehouse Associates, Limited**  
**Document No.: A02018**

Ladies and Gentlemen:

Enclosed is the Certificate Of Amendment To Certificate Of Limited Partnership Of Warehouse Associates, Limited representing the election of the limited partnership to become a Limited Liability Limited Partnership. The Certificate of Amendment is executed by Monroe L. Cooperman, the sole general partner. Also enclosed is the check of this firm in the amount of \$105.00 to cover the filing fee for the Certificate of Amendment and a certified copy to be sent to the undersigned.

Thank you for your attention.

Very truly yours,

  
Joseph B. Reisman  
JBR/nf

Enclosures

Cc: Monroe L. Cooperman (w/o enclosures)

[www.pecklaw.com](http://www.pecklaw.com)

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Warehouse Associates, Limited  
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Joseph B. Reisman, Esq.  
(Contact Person)

Peckar & Abramson  
(Firm/Company)

One Southeast Third Ave, Suite 3100  
(Address)

Miami, Florida 33131  
(City, State and Zip Code)

For further information concerning this matter, please call:

Joseph B. Reisman, Esq. at ( 305 ) 358-2600  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$52.50 Filing Fee

☐ \$61.25 Filing Fee  
and Certificate of  
Status

☒ \$105.00 Filing Fee  
and Certified Copy

☐ \$113.75 Filing Fee,  
Certified Copy, and  
Certificate of Status

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF LIMITED PARTNERSHIP  
OF**

Warehouse Associates, Limited

(Insert name currently on file with Florida Department of State)

**FILED**  
09 JUN 20 PM 2:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on May 26, 1972, assigned Florida document number L.P.# 2018 A02018, adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here:**

Warehouse Associates, Limited, LLLP

(New name must be distinguishable and contain an acceptable suffix.)

*Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., L.P. or Ltd.*

*Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.*

**B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:**

New Principal Office Address:

(Must be *STREET* address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New Mailing Address:

(May be *post office box*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

(Enter Florida street address)

\_\_\_\_\_, Florida  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.*

(If Changing Registered Agent, Signature of New Registered Agent)

**D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

**E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:**

☒ This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."

☐ This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

**(NOTE: If adding or removing "limited liability limited partnership" status, all general partners must sign this amendment.)**

F. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Effective date, if other than the date of filing: \_\_\_\_\_

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

**Signature(s) of a general partner or all general partners\*:**

(\*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

  
Monroe L. Cooperman  
Sole General Partner

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature(s) of all new or dissociating general partner(s), if any:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Filing Fee: \$52.50  
Certified Copy (optional): \$52.50  
Certificate of Status (optional): \$8.75