

A03000001107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300184945723

09/07/10--01024--004 **25.00

09/20/10--01003--004 **27.52

FILED
10 SEP 29 PM 4: 06
CLERK OF STATE
TALLAHASSEE FLORIDA

S. HAWKES

SEP 08 2010

EXAMINER

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 20, 2010

GULDEREN ALDEMIR
1401 EAST COMMERCIAL BLVD
OAKLAND PARK, FL 33334

SUBJECT: GOREN LIMITED PARTNERSHIP
Ref. Number: A03000001107

We have received your document for GOREN LIMITED PARTNERSHIP and your check(s) totaling \$52.52. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 610A00022236



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 8, 2010

GULDEREN ALDEMIR
1401 EAST COMMERCIAL BLVD
OAKLAND PARK, FL 33334

SUBJECT: GOREN LIMITED PARTNERSHIP
Ref. Number: A03000001107

We have received your document for GOREN LIMITED PARTNERSHIP and check(s) totaling \$25.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$27.52. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 710A00021365

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GOREN LIMITED PARTNERSHIP
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:

LEVENT GOREN
Contact Person

GOREN CHEVRON
Firm/Company

1401 East Commercial Blvd.
Address

Oakland Park, FL 33334
City, State and Zip Code

lgoren@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LEVENT GOREN at (954) 881-1809
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

sent

☒ \$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

GOREN LIMITED PARTNERSHIP

Insert name currently on file with Florida Department of State

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CLERK 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 8-4-2003, assigned Florida document number A03000001107, 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:

New name must be distinguishable and contain an acceptable suffix.

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, 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 I 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>
GP	LEVENT GOREN	3313 NE 40th St. Ft. Laud. FL 33308	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
GP	CENGIZ GOREN	3313 NE 40th St. Ft. Laud. FL 33308	<input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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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.)*

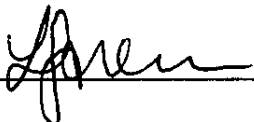
F. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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10 SEP 29 PM 4:05
STATE OF FLORIDA
TALLAHASSEE

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.)

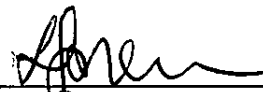
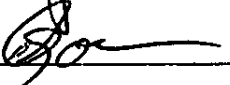
Signature(s) of a general partner or all general partners*:

(*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.)



LEVENT GOREN

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

LEVENT GOREN
CENGIZ GOREN

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