

LO9000049098

(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



100278883371

11/09/15--01009--006 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 NOV 24 P 3:19

FILED

NOV 25 2015

J BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
15 NOV 25 AM 11:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

November 10, 2015

MICHAEL COHEN  
505 5TH AVE, 22ND FLOOR  
NEW YORK, NY 10017

SUBJECT: TURNBERRY 05, LLC  
Ref. Number: L09000049098

We have received your document for TURNBERRY 05, LLC and your check(s) totaling \$25.00. 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: 115A00023770

2015 NOV 24 P 3:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Turnberry 05, LLC  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Michael Cohen

Name of Person

Turnberry 05, LLC

Firm/Company

505 Fifth Avenue, 22nd Floor

Address

New York, NY 10017

City/State and Zip Code

Billpay@gkfo.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Cohen

Name of Person

at ( 212 )

Area Code

775 - 1111

Daytime Telephone Number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 NOV 24 P 3:19

FILED

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Turnberry 0546

The Articles of Organization for this Limited Liability Company were filed on 02/20/07 and assigned Florida document number LP900049098.

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Stepan Temir-Bulat		<input type="checkbox"/> Add
		505 Fifth Avenue, 22nd Floor, New York, NY 10017	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Michael Cohen	505 Fifth Avenue, 22nd Floor, New York, NY 10017	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2015 NOV 23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

2015 NOV 24 PD 3:  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
2015 NOV 24 PM 3:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 11 12, 15 mlpr

Signature of a member or authorized representative of a member

Michael P. Co  
Typed or printed name of signee

Typed or printed name of signee