

L13000049922

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 25 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LIBERTY TAX AND STUDENT LOAN DEFENSE 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:

AZAR KHOSHLAK

Name of Person

LIBERTY TAX AND STUDENT LOAN DEFENSE

Firm/Company

2637 EAST ATLANTIC BLVD., #24940

Address

POMPANO BEACH, FL 33062

City/State and Zip Code

DEFENSELIBERTY1@GMAIL.COM

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

For further information concerning this matter, please call:

AZAR KHOSHLAK

Name of Person

786 399-1466
at ()

Area Code & Daytime Telephone Number

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

LIBERTY STUDENT AND TAX DEFENSE LLC.

Page 1 of 3

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<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
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 TALLAHASSEE, FLORIDA

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

Dated OCTOBER 21, 2013



Signature of a member or authorized representative of a member

AZAR KHOSHLAK

Typed or printed name of signee

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Filing Fee: \$25.00

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