

L23000180578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

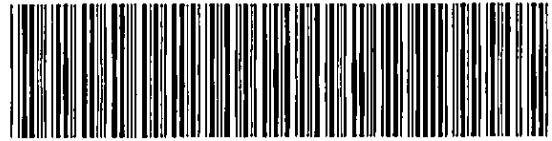
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MSRS ASSOCIATES LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

MUHAMMAD SIKANDAR

Name of Person

MSRS ASSOCIATES LLC

Firm/Company

7962 PINES BLVD

Address

PEMBROKE PINES FL 33024

City/State and Zip Code

PEMBROKEPINES@LIBERTYTAX.COM

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

For further information concerning this matter, please call:

MUHAMMAD SIKANDAR

954

893-3860

at ()

Name of Person

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

11-11-03 PM 12:05

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	RAHILA SIKANDAR	7962 PINES BLVD	<input type="checkbox"/> Add
		PEMBROKE PINES, FL 33024 LN	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

APPROVED
DATE: 11/12/2011
BY: [Signature]

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

TITLE AND ZIP CODE CHANGE (RAHILA SIKANDAR)

OTHER AUTHORIZED MEMBER STAYS THE SAME

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 05/03/2023 12:00PM



Signature of a member or authorized representative of a member

MUHAMMAD SIKANDAR

Typed or printed name of signee

7/11/23 12:05 PM