#### 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000172813

Entity Name: LIBERTY SQUARE PHASE ONE, LLC

### **Current Principal Place of Business:**

2850 TIGERTAIL AVE, SUITE 800 MIAMI, FL 33133

# **Current Mailing Address:**

2850 TIGERTAIL AVE, SUITE 800 MIAMI, FL 33133 US

### FEI Number: NOT APPLICABLE

# Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC 801 US HIGHWAY 1 NORTH PALM BEACH, FL 33408 US FILED Mar 27, 2023 Secretary of State 6287531695CC

Date

Certificate of Status Desired: No

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

# Authorized Person(s) Detail :

Title	MGR	Title	PRESIDENT
Name	LIBERTY SQUARE PHASE ONE	Name	PEREZ, JORGE M.
		Address	2850 TIGERTAIL AVE, SUITE 800
Address	2850 TIGERTAIL AVE, SUITE 800	City-State-Zip:	MIAMI FL 33133
City-State-Zip:	MIAMI FL 33133	<i>y</i>	
Title	VP	Title	V/S/T
		Name	HOYOS, JEFFERY
Name	ALLEN, MATTHEW J.	Address	2850 TIGERTAIL AVE, SUITE 800
Address	2850 TIGERTAIL AVE, SUITE 800	City-State-Zip:	,
City-State-Zip:	MIAMI FL 33133	City-State-Zip.	MIAMI FL 33133
		Title	V
Title	V	Name	DEL POZZO, TONY
Name	MILO, JR., ALBERTO	Address City-State-Zip:	2850 TIGERTAIL AVE, SUITE 800
Address	2850 TIGERTAIL AVE, SUITE 800		,
City-State-Zip:	MIAMI FL 33133		MIAMI FL 33133
ony-orale-zip.			

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LIBERTY SQUARE PHASE ONE MANAGER, LLC

MANAGER, BY JOHN DUEMIG, ATTORNEY IN FACT 03/27/2023

Electronic Signature of Signing Authorized Person(s) Detail