

**2021 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 33131

**Current Mailing Address:**

2850 TIGERTAIL AVE, SUITE 800  
MIAMI, FL 33131 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK INC  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 US

*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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name LIBERTY SQUARE PHASE ONE  
MANAGER, LLC  
Address 315 S. BISCAYNE BLVD  
City-State-Zip: MIAMI FL 33131

Title PRESIDENT  
Name PEREZ, JORGE M.  
Address 315 S. BISCAYNE BLVD  
4TH FLOOR  
City-State-Zip: MIAMI FL 33131

Title VP  
Name ALLEN, MATTHEW J.  
Address 315 S. BISCAYNE BLVD  
4TH FLOOR  
City-State-Zip: MIAMI FL 33131

Title V / S / T  
Name HOYOS, JEFFERY  
Address 315 S. BISCAYNE BLVD  
4TH FLOOR  
City-State-Zip: MIAMI FL 33131

Title V  
Name MILO, JR., ALBERTO  
Address 315 S. BISCAYNE BLVD  
4TH FLOOR  
City-State-Zip: MIAMI FL 33131

Title V  
Name DEL POZZO, TONY  
Address 315 S. BISCAYNE BLVD  
4TH FLOOR  
City-State-Zip: MIAMI FL 33131

*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

04/09/2021

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date