2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000197277

Entity Name: LIBERTY SQUARE ELDERLY, 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: APPLIED FOR

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: CARLOS M ALVAREZ, SPECIAL SECRETARY   04/25/2024

Electronic Signature of Registered Agent   Date

Authorized Person(s) Detail :

Title	MGR
Name	LIBERTY SQUARE ELDERLY MANAGER, LLC
Address	2850 TIGERTAIL AVE, SUITE 800
City-State-Zip:	MIAMI FL 33133

Title	VP
Name	ALLEN, MATT
Address	2850 TIGERTAIL AVE, SUITE 800
City-State-Zip:	MIAMI FL 33133

Title	VP
Name	MILO, ALBERTO JR.
Address	2850 TIGERTAIL AVE, SUITE 800
City-State-Zip:	MIAMI FL 33133

Title	PRESIDENT
Name	PEREZ, JON PAUL
Address	2850 TIGERTAIL AVE, SUITE 800
City-State-Zip:	MIAMI FL 33133

Title	VP, TREASURER, SECRETARY
Name	DEL POZZO, TONY
Address	2850 TIGERTAIL AVE, SUITE 800
City-State-Zip:	MIAMI FL 33133

Title	VP
Name	GERBER, BEN
Address	2850 TIGERTAIL AVE, SUITE 800
City-State-Zip:	MIAMI FL 33133

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 ELDERLY MANAGER, LLC   MANAGER, BY THERESA FAGAN, ATTORNEY-IN-FACT   04/25/2024

Electronic Signature of Signing Authorized Person(s) Detail   Date