

**2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L16000197277

**Entity Name:** LIBERTY SQUARE ELDERLY, LLC**Current Principal Place of Business:**2850 TIGERTAIL AVENUE  
8TH FLOOR  
MIAMI, FL 33133**Current Mailing Address:**2850 TIGERTAIL AVENUE  
8TH FLOOR  
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

11/17/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name LIBERTY SQUARE ELDERLY  
MANAGER, LLC  
Address 2850 TIGERTAIL AVENUE  
8TH FLOOR  
City-State-Zip: MIAMI FL 33133

Title VP  
Name ALLEN, MATT  
Address 2850 TIGERTAIL AVENUE  
8TH FLOOR  
City-State-Zip: MIAMI FL 33133

Title VP  
Name MILO, ALBERTO JR.  
Address 2850 TIGERTAIL AVENUE  
8TH FLOOR  
City-State-Zip: MIAMI FL 33133

Title PRESIDENT  
Name PEREZ, JON PAUL  
Address 2850 TIGERTAIL AVENUE  
8TH FLOOR  
City-State-Zip: MIAMI FL 33133

Title VP, TREASURER, SECRETARY  
Name DEL POZZO, TONY  
Address 2850 TIGERTAIL AVENUE  
8TH FLOOR  
City-State-Zip: MIAMI FL 33133

Title VP  
Name GERBER, BEN  
Address 2850 TIGERTAIL AVENUE  
8TH FLOOR  
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:** CARLOS M ALVAREZ**ATTORNEY-IN-FACT**

11/17/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date