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.

MGR

SIGNATURE: POMERANZ, STEPHEN J, MD

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000063876

Entity Name: MPO PROPERTIES SIERRA MEADOWS, LLC

Current Principal Place of Business:

5400 KENNEDY AVENUE CINCINNATI, OH 45213

Current Mailing Address:

ATTN: LEGAL DEPT. 5400 KENNEDY AVENUE CINCINNATI, OH 45213 US

FEI Number: 82-0920795

Name and Address of Current Registered Agent:

MAULSBY, GILBERT H MD 1020 CROSSPOINTE DRIVE SUITE 103 NAPLES, FL 34110 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:

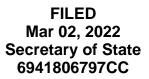
Electronic Signature of Registered Agent

Authorized Person(s) Detail :

City-State-Zip: CINCINNATI OH 45213

Title	MGR	Title	MGR
Name	MAULSBY, GILBERT H MD	Name	OLMSTED, ADAM K MD
Address	1020 CROSSPOINTE DRIVE SUITE 103	Address	1020 CROSSPOINT DRIVE SUITE 103
City-State-Zip:	NAPLES FL 34110	City-State-Zip:	NAPLES FL 34110
Title	MGR		
Name	POMERANZ, STEPHEN J MD		
Address	5400 KENNEDY AVENUE		

Electronic Signature of Signing Authorized Person(s) Detail



Certificate of Status Desired: No

03/02/2022 Date

Date