that my name appears above, or on an attachment with all other like empowered. SIGNATURE: MATEJ FISCHER **GENERAL MANAGER**

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L18000133519 Entity Name: LIBERTY SYSTEMS, LLC

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

2200 TALL PINES DR **STE109** LARGO, FL 33771

Current Mailing Address:

2200 TALL PINES DR **STE 109** LARGO, FL 33771 US

FEI Number: 83-0722360

Name and Address of Current Registered Agent:

FISCHER, MATEJ 2200 TALL PINES DR **STE 109** LARGO, FL 33771 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: LARGO FL 33771

Authorized Person(s) Detail :			
Title	AMBR	Title	AMBR
Name	SMEJKALOVA, LUCIE	Name	PROCHASKA, ALES
Address	2200 TALL PINES DR STE109	Address	2200 TALL PINES DR STE109
City-State-Zip:	LARGO FL 33771	City-State-Zip:	LARGO FL 33771
Title	MGR		
Name	FISCHER, MATEJ		
Address	2200 TALL PINES DR STE109		

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

FILED Jan 09, 2019 Secretary of State 5045949523CC

Certificate of Status Desired: No

01/09/2019 Date

Date