

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000201886

**Entity Name:** LIBERATOR BROS LLC

**Current Principal Place of Business:**

5165 NE 2ND CT  
APT 4  
MIAMI, FL 33137

**Current Mailing Address:**

5165 NE 2ND CT  
APT 4  
MIAMI, FL 33137 UN

**FEI Number:** 37-1981405

**Certificate of Status Desired:** No

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

VIRDO, PATRICIO  
860 NE 84TH STREET  
MIAMI, FL 33138 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 LIBERATORI, GABRIEL H  
Address 5165 NE 2ND CT, APT 4  
City-State-Zip: MIAMI FL 33137

*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:** GABRIEL LIBERATORI

MR

02/11/2021

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

\_\_\_\_\_  
Date