

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000479693

Entity Name: LIBERTY SQUARE EDUCATIONAL CAMPUS, LLC

Current Principal Place of Business:

2850 TIGERTAIL AVE., STE. 800
MIAMI, FL 33133

Current Mailing Address:

2850 TIGERTAIL AVE., STE. 800
MIAMI, FL 33133 US

FEI Number: NOT APPLICABLE

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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name LIBERTY SQUARE EDUCATIONAL CAMPUS MGR, LLC
Address 2850 TIGERTAIL AVE., STE. 800
City-State-Zip: MIAMI FL 33133

Title P
Name PEREZ, JORGE M.
Address 2850 TIGERTAIL AVE., STE. 800
City-State-Zip: MIAMI FL 33133

Title VP
Name PEREZ, JON PAUL
Address 2850 TIGERTAIL AVE., STE. 800
City-State-Zip: MIAMI FL 33133

Title VP
Name ALLEN, MATTHEW
Address 2850 TIGERTAIL AVE., STE. 800
City-State-Zip: MIAMI FL 33133

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

Title VP
Name HOYOS, JEFFERY
Address 2850 TIGERTAIL AVE., STE. 800
City-State-Zip: MIAMI FL 33133

Title VP
Name DEL POZZO, TONY
Address 2850 TIGERTAIL AVE., STE. 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 EDUCATIONAL CAMPUS MGR,
LLC

MANAGER, BY JOHN
DUEMIG, ATTORNEY IN
FACT

04/11/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date