

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000105018

**Entity Name:** MEDSQUARE HOMESTEAD PARTNERS, LLC

**Current Principal Place of Business:**

2990 PONCE DE LEON BLVD.  
SUITE 500  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2990 PONCE DE LEON BLVD.  
SUITE 500  
CORAL GABLES, FL 33134 US

**FEI Number:** 92-3126615

**Certificate of Status Desired:** No

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

AJP MANAGEMENT GROUP, LLC  
2990 PONCE DE LEON BLVD.  
SUITE 500  
CORAL GABLES, FL 33134 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 MAS, JUAN C  
Address 2990 PONCE DE LEON BLVD., # 500  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name PEREZ, ALBERTO J  
Address 2990 PONCE DE LEON BLVD., # 500  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name YEUNG, KELLY  
Address 2990 PONCE DE LEON BLVD., # 500  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name YEUNG, NITA  
Address 2990 PONCE DE LEON BLVD., # 500  
City-State-Zip: CORAL GABLES FL 33134

*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:** ALBERTO J. PEREZ

**MANAGER**

**04/20/2024**

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

\_\_\_\_\_  
Date