

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000012075

**Entity Name:** LIBER INSTITUTE OF SOCIAL SCIENCE, INC.

**Current Principal Place of Business:**

938 SW 10 ST  
MIAMI, FL 33130

**Current Mailing Address:**

2520 CORAL WAY S 2-506  
MIAMI, FL 33145

**FEI Number: 85-3167031**

**Certificate of Status Desired: No**

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

LESENDE, JUAN E  
938 SW 10 ST  
MIAMI, FL 33130 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

**Officer/Director Detail :**

Title P  
Name LESENDE, JUAN E  
Address 3200 PERCIVAL AVE  
City-State-Zip: MIAMI FL 33133

Title SECRETARY  
Name AGUILAR, DANIEL A  
Address 217 FIFES BAY RD SELWYN  
City-State-Zip: ONTARIO CAN AL

Title D  
Name MIRIAM JOCELYN RODRIGUEZ  
Address 2201 BRICKELL AVE  
City-State-Zip: MIAMI FL 33129

Title D  
Name COLLISON, RYAN  
Address 146 LOWER BRUSH CREEK RD  
City-State-Zip: FLETCHER NC 28732

Title D  
Name ANDERSEN, RICHARD  
Address 4212 N WATERVIEW ST  
City-State-Zip: TACOMA WA 98407

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: JUAN E LESENDE**

**P**

**08/27/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date