## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L08000012172

**Current Principal Place of Business:** 

Entity Name: 1848 JSS LLC

FILED Mar 02, 2009 Secretary of State

**New Principal Place of Business:** 

1221 BRICKELL AVE ST MIAMI, FL 33131	E 2660		
Current Mailing Address:		New Mailing Address:	
1221 BRICKELL AVE ST MIAMI, FL 33131	E 2660		
FEI Number: 26-1897069	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:	
CT CORPORATION SYS 1200 SOUTH PINE ISLA PLANTATION, FL 33324	ND ROAD		
The above named entity in the State of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both
SIGNATURE:			
Electror	nic Signature of Registered Ag	ent	Date

ADDITIONS/CHANGES:

Address:

City-St-Zip:

() Change () Addition

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete Title:
Name: DAGROSS, JOSEPH E JR Name:

Address: 12950SW 61 AVE
City-St-Zip: PINECREST, FL 33156

Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition

Name: SICILLIAN, JOHN J

Address: SEE NE 16 STREET ART 20A

Address: SEE NE 16 STREET ART 20A

Address: SEE NE 16 STREET ART 20A

Address: 555 NE 15 STREET APT 30A Address: 555 NE 15 STREET APT 30A

City-St-Zip: MIAMI, FL 33132 City-St-Zip: MIAMI, FL 33132

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 NEITHARDT, DAVID T
 Name:

 Address:
 1800 SUNSET HARBOR DRIVE #1115
 Address:

 City-St-Zip:
 MIAMI BEACH, FL 33139
 City-St-Zip:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 DRISCOLL, JAMES M
 Name:

 Address:
 500 HARDEE RD
 Address:

 City-St-Zip:
 CORAL GABLES, FL 33146
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: JOHN J. SICILIAN MGRM 03/02/2009