

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000012172

**Entity Name:** 1848 JSS LLC

**Current Principal Place of Business:**

1221 BRICKELL AVE  
SUITE 2660  
MIAMI, FL 33131

**FILED**  
**May 01, 2023**  
**Secretary of State**  
**8695034846CC**

**Current Mailing Address:**

1221 BRICKELL AVE  
SUITE 2660  
MIAMI, FL 33131 US

**FEI Number:** 26-1897069

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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           MANAGING MEMBER  
Name           1848 CAPITAL PARTNERS LLC  
Address        1221 BRICKELL AVE  
                  SUITE 2660  
City-State-Zip: MIAMI FL 33131

Title           CEO, DIRECTOR  
Name           DAGROSA, JOSEPH  
Address        1221 BRICKELL AVE  
                  SUITE 2660  
City-State-Zip: MIAMI FL 33131

Title           CFO  
Name           TOLZIEN, JAMES R.  
Address        1221 BRICKELL AVE  
                  SUITE 2660  
City-State-Zip: MIAMI FL 33131

Title           DIRECTOR  
Name           SICILIAN, JOHN  
Address        1221 BRICKELL AVE  
                  SUITE 2660  
City-State-Zip: MIAMI FL 33131

Title           DIRECTOR  
Name           NIETHARDT, DAVID  
Address        1221 BRICKELL AVE  
                  SUITE 2660  
City-State-Zip: MIAMI FL 33131

*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:** JAMES R. TOLZIEN

**AUTHORIZED SIGNOR**

**05/01/2023**

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

\_\_\_\_\_  
Date