

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000128229

**Entity Name:** HOSAR LLC

**Current Principal Place of Business:**

335 S BISCAYNE BLVD  
2605  
MIAMI, FL 33131

**Current Mailing Address:**

335 S BISCAYNE BLVD  
2605  
MIAMI, FL 33131 UN

**FEI Number:** 83-4532430

**Certificate of Status Desired:** No

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

ROSAS, HERNAN P  
335 S BISCAYNE BLVD  
2605  
MIAMI, FL 33131 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	MGRM
Name	ROSAS, HERNAN P
Address	335 S BISCAYNE BLVD 2605
City-State-Zip:	MIAMI FL 33131
Title	MGRM
Name	ROSAS, SANTIAGO H
Address	LEIBNTITZ 20 PISO 11 COL ANZURES
City-State-Zip:	CIUDAD DE MEXICO DF 11590
Title	MGRM
Name	ROSAS, ANA C
Address	AV. DEL GOLF. RES GOLF PARK 6A. EL BOSQUE
City-State-Zip:	CARACAS MI 1050

Title	MGRM
Name	LORENZO, OLGA M
Address	335S BISCAYNE BLVD 2605
City-State-Zip:	MIAMI FL 33131
Title	MGRM
Name	ROSAS, RICARDO H
Address	AV. DEL GOLF. RES GOLF PARK 6A. EL BOSQUE
City-State-Zip:	CARACAS MI 1050

*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:** HERNAN P ROSAS

**MGRM**

**04/25/2019**

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

\_\_\_\_\_  
Date