

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000083821

**Entity Name:** JOSI, LLC

**Current Principal Place of Business:**

409 SW 136 AVE  
DAVIE, FL 33325

**Current Mailing Address:**

409 SW 136 AVE  
DAVIE, FL 33325

**FEI Number:** 27-3257332

**Certificate of Status Desired:** No

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

ROSENBERG, ALAN SESQ.  
C/O KOLEOS ROSENBERG PA, AM TRUST BANK BUI  
LDING, 8211 W. BROWARD BLVD. SUITE PH4  
FT. LAUDERDALE, 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            PRES  
Name            HUDE, SILVANA A  
Address        409 SW 136 AVE  
City-State-Zip: DAVIE FL 33325

Title            MS  
Name            HUDE, SILVANA A  
Address        1701 SW 14TH ST, FORT  
                  LAUDERDALE, FL, 33312  
City-State-Zip: FORT LAUDERDALE FL 33312

Title            FINANCIAL DIRECTOR  
Name            HUDE, DEREK G  
Address        409 SW 136 AVE  
City-State-Zip: DAVIE FL 33325

*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:** SILVANA HUDE

**PRES**

**01/25/2024**

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

\_\_\_\_\_  
Date