

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000033916

**FILED**  
**Mar 20, 2019**  
**Secretary of State**  
**5830309602CC**

**Entity Name:** JOSEN PREMIUM LLC

**Current Principal Place of Business:**

9100 S. DADELAND BLVD.  
STE 907  
MIAMI, FL 33156

**Current Mailing Address:**

9100 S. DADELAND BLVD.  
STE 907  
MIAMI, FL 33156 US

**FEI Number:** 35-2554244

**Certificate of Status Desired:** No

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

MORA, ANA P  
9100 SOUTH DADELAND BLVD  
STE 907  
MIAMI, FL 33156 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:** ANA P MORA

03/20/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name CELAJES LLC  
Address 13035 SW 132 AVE  
City-State-Zip: MIAMI FL 33186

Title CEO  
Name CORONADO, YSAAC  
Address 9100 S. DADELAND BLVD.  
STE 907  
City-State-Zip: MIAMI FL 33156

Title COO  
Name CORONADO, DANIEL  
Address 9100 S. DADELAND BLVD.  
STE 907  
City-State-Zip: MIAMI FL 33156

Title AUTHORIZED MEMBER  
Name GONCALVEZ, JORGE  
Address 9100 S. DADELAND BLVD.  
STE 907  
City-State-Zip: MIAMI FL 33156

Title AUTHORIZED MEMBER  
Name VENEZIA, ANTONIO  
Address 9100 S. DADELAND BLVD.  
STE 907  
City-State-Zip: MIAMI FL 33156

Title AUTHORIZED MEMBER  
Name GONCALVEZ, JORGE A  
Address 9100 S. DADELAND BLVD.  
STE 907  
City-State-Zip: MIAMI FL 33156

*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:** YSAAC CORONADO

CEO

03/20/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date