

AMENDED

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 SEP -2 AM 9:25

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # L01000009965

1: Entity Name

**JUNO PROPERTY MANAGEMENT, LLC**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**2107 RIVER RIDGE DRIVE**

Suite, Apt. #, etc.

3. Mailing Address

**2107 RIVER RIDGE DRIVE**

Suite, Apt. #, etc.

City & State

**SARASOTA, FL**

City & State

**SARASOTA, FL**

Zip

**34239**

Country

Zip

**34239**

Country

4. FET Number

**65-1134048**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**CARSTEN RUEFFER**

Street Address (P.O. Box Number is Not Acceptable)

**2107 RIVER RIDGE DRIVE**

**SARASOTA, FLORIDA 34239**

City

**FL**

Zip Code

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGM  
CARSTEN RUEFFER  
2107 RIVER RIDGE DRIVE  
SARASOTA, FL 34239**

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**CARSTEN RUEFFER, Managing Member**

Date

Daytime Phone #

(941) 744-9647

CR2E083B (12/02)