

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000074987

**FILED**  
**Apr 12, 2009**  
**Secretary of State**

**Entity Name:** JUNO BEACH ENTERPRISES, LLC

**Current Principal Place of Business:**

717-3 NE 12TH TERR  
BOYNTON BEACH, FL 33435

**New Principal Place of Business:**

1055 OCEAN DRIVE  
302  
JUNO BEACH, FL 33408

**Current Mailing Address:**

717-3 NE 12TH TERR  
BOYNTON BEACH, FL 33435

**New Mailing Address:**

1055 OCEAN DRIVE  
302  
JUNO BEACH, FL 33408

**FEI Number:** 20-3233206

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HAYWORTH, ROBERT S  
717-3 NE 12 TERR  
BOYNTON BEACH, FL 33435 US

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

HAYWORTH, ROBERT S  
1055 JUNO BEACH  
302  
JUNO BEACH, FL 33408 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:** ROBERT S HAYWORTH

04/12/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** HAYWORTH, ROBERT S  
**Address:** 717-3 NE 12 TERR  
**City-St-Zip:** BOYNTON BEACH, FL 33435

**ADDITIONS/CHANGES:**

**Title:** MGR (X) Change ( ) Addition  
**Name:** HAYWORTH, ROBERT S  
**Address:** 1055 OCEAN DRIVE #302  
**City-St-Zip:** JUNO BEACH, FL 33408

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

**SIGNATURE:** ROBERT S HAYWORTH

MGR

04/12/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date