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	<u> </u>	, -	-		Ć			
PLEASE READ	ALL INSTRUCT	ION	IS BEF	ORE	COMPLET	ING THIS FORM		
LIMITED LIABILITY COMPANY REINSTATEMENT					COMPLETING THIS FORM. FILED 09 DEC -2 PH 3:50 SECRETARY OF STATE TALLAHASSIZE, FLORIDA			
DOCUMENT # L0700007 1. Limited Liability Company's Name JUNO BEACH VENTURES, L						AHASSIEE, F	STAT LORI	ΓE ØA
2. Principal Office Address - No P.O. Box # 14041 US HWY ONE	3. Mailing Office Addre	155			CR2E041 (11/09)			
Suite, Apt. #, etc.	Suite, Apt. #, etc.				4. State/Country of Formation Florida US			
SUITE H					5. Date Organized or Qualified To Do Business in Florida July 9, 2007			
City & State JUNO BEACH, FL	City & State	_			6. FEI Numb 26-05		-,	Applied For Not Applicable
Zip Country 33408 US	Zip	Cour	ntry		7. CERTIFICATE	E OF STATUS DESIRED 🔀	00 Add or a Ce	itional Fee required rtificate of Status
8. Name and Address of	Current Registered Ager	ht.						
Name CURTIS L. SHENKMAN, ESQ	2.) reinstatement fee is	•	•
Street Address (P.O. Box Number is Not Acceptable) 11891 US HIGHWAY ONE					in circumstances which the entity did not receive the prior notices. By checking this			
Suite, Apt. #, Etc SUITE 100				;	-	ou are certifying the p ceived and request		
City NORTH PALM BEACH		State Zip Code FL 33408			reinstatement be waived.			
9. I being appointed the registered agent of the above	e named limited liability co	mpany,	, am familiar	r with and e	ccept the obligat	ions of Chapter 608, F.S.		
Signature of Registered Agent						Date 11-	- 0	9
	SISTERED AGENT MUST	SIGN						
10. Names and Street Addresses of Managing Memb	xers/Managers	s	itreet Addre	ss of Each				
Titles Managing Members/ Manager		Man	naging Mem	ber/Manag		City / Stat		
MGRM JOHN G. IRUE			S HWY	UNE,	STE H	JUNO BEACH,	Р'L	33408
MGRM KRISTINE TRUE	14041	US	S HWY	ONE,	STE H	JUNO BEACH,	FL 3	33408
REINSTATE	MENT				11/30	1 01631941 70901073004	31	1 143.75
2009						1		
								·
11. E-mail Address: kristinetrue@ac	(To be used)		e ennual report	n notification	6) ation as provided		hercon	
12 i ceruity that i am managing memoer/manager of the filing this reinstatement application the reason for di- all fees owed by the limited liability company have be as if made under oath. Signature of	issolution has been elimina	ited, the	e limited liab ed on this ap	ility compa- pplication is	ny name satisfies I frue and accurat	the requirements of section 6 e, and my signature shall hav	08.406 e the sa	i, F.S., and that ame legal effect
Managing Member/Manager	John G.	<u>—</u> Tr		te <u>11-</u> IGRM	0-09 Da	aytime Phone # $561-6$	22-	4000



Enclosed please find the LLC Reinstatement application with the original signature certifying that prior notices were not received.

Attached to the application is a \$143.75check payable to the Florida Department of State for the filing fee of the Annual Report and a Certificate of Status to be mailed to me at the above address or in the self addressed business reply envelope enclosed for your convenience.

If you have any questions or require further documentation, please call me at 561-622-2700 ext 204 or email me at Shenkman@lawpalmbeach.com. Thank you for your assistance in this matter,

Sincerely,

Curtis L. Shenkman Enclosures

Cc.w/o enclosures: John & Kristine True, MGRM, Juno Ventures, LLC TrueJuno Ventures, LLC09Nov23ltr to State for Annual Report

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	OCEANFRONT REAL ESTATE & DEVELOPMENT, INC. JUSJ 14041 U.S. Highway One U. 18 20 07 63-1385/670 Juno Beach, FL 33408	
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