

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000008826

**FILED**  
**Nov 17, 2011**  
**Secretary of State**

**Entity Name:** JUELENE BECK & ASSOCIATES, L.L.C.

**Current Principal Place of Business:**

255 UNIVERSITY DRIVE  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

255 UNIVERSITY DRIVE  
CORAL GABLES, FL 33134 US

**Current Mailing Address:**

255 UNIVERSITY DRIVE  
CORAL GABLES, FL 33134

**New Mailing Address:**

255 UNIVERSITY DRIVE  
CORAL GABLES, FL 33134 US

**FEI Number:** 26-1822425

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ARAN, FERNANDO S ESQ.  
255 UNIVERSITY DRIVE  
CORAL GABLES, FL 33134 US

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

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: FERNANDO ARAN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MS  
Name: BECK, JUELENE  
Address: 1200 ST. CHARLES PLACE, #612  
City-St-Zip: PEMBROKE PINES, FL 33026 US

I hereby 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: JUELENE S BECK

MS

11/17/2011

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