

2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L14000184295

Entity Name: JUNO HOLDINGS, LLC**Current Principal Place of Business:**13211 US HIGHWAY 1
JUNO BEACH, FL 33408**Current Mailing Address:**13211 US HIGHWAY 1
JUNO BEACH, FL 33408 US**FEI Number:** 32-0454396**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BOYKO, NATALIYA
13211 US HIGHWAY 1
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:** NATALIYA BOYKO

04/26/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | |
|-----------------|---------------------------|
| Title | AMBR |
| Name | PUNDT , MARK |
| Address | 13211 US HIGHWAY 1 |
| City-State-Zip: | JUNO BEACH FL 33408 |
| Title | AUTHORIZED REPRESENTATIVE |
| Name | BOYKO, NATALIYA |
| Address | 13211 US HIGHWAY 1 |
| City-State-Zip: | JUNO BEACH FL 33408 |

| | |
|-----------------|---|
| Title | MGR |
| Name | BEACH HOUSE BEHAVIORAL HEALTH |
| Address | 401 E LAS OLAS BOULEVARD, SUITE 2360 |
| City-State-Zip: | FORT LAUDERDALE FL 33301 |
| Title | AUTHORIZED REPRESENTATIVE |
| Name | PUNDT , MARK |
| Address | 13211 US HIGHWAY 1 |
| City-State-Zip: | JUNO BEACH FL 33408 |

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: NATALIYA BOYKO

CFO

04/26/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date