

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000038855

Entity Name: SWB CONSULTING LLC

Current Principal Place of Business:

9000 SW 112 STREET
MIAMI, FL 33176

Current Mailing Address:

7600 RED ROAD
304
MIAMI, FL 33143

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PAIN RELIEF CENTER OF SOUTH MIAMI, INC.
7600 RED ROAD
304
MIAMI, FL 33143 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name PAIN RELIEF CENTER OF SOUTH
 MIAMI, INC.
Address 7600 RED ROAD STE 304
City-State-Zip: MIAMI FL 33143

Title MGR
Name SCHREIBER, JOHN
Address 9000 SW 112 STREET
City-State-Zip: MIAMI FL 33176

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: JOHN SCHREIBER

MANAGER

04/04/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date