## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000146419

Entity Name: AI PAIN INSTITUTE, LLC

**Current Principal Place of Business:** 

4897 S. JOG RD.

STE B

GREENACRES, FL 33467

## **Current Mailing Address:**

4897 SOUTH JOG ROAD SUITE A GREENACRES, FL 33467 US

OKLENACKES, 1E 35407 00

FEI Number: 86-3209211 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

LITTEN, JORDAN OWNER 4897 SOUTH JOG ROAD SUITE A GREENACRES, FL 33467 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: JORDAN LITTEN 02/10/2025

Electronic Signature of Registered Agent Date

## Authorized Person(s) Detail:

Title MGR

Name LITTEN, JORDAN

Address 4897 SOUTH JOG ROAD, SUITE A

City-State-Zip: GREENACRES FL 33467

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.

**CEO** 

FILED Feb 10, 2025

**Secretary of State** 

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