

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L03000001788

FILED
Feb 09, 2009
Secretary of State**Entity Name:** PAINBUSTERS LLC**Current Principal Place of Business:**1101 STANFORD DR MZ10
CORAL GABLES, FL 33146**New Principal Place of Business:**1101 STANFORD DR.
M-210
CORAL GABLES, FL 331462001 US**Current Mailing Address:**1101 STANFORD DR MZ10
CORAL GABLES, FL 33146**New Mailing Address:**1101 STANFORD DR.
M-210
CORAL GABLES, FL 331462001 US**FEI Number:** 80-0333200**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**TERMAN, PAUL
1101 STANFORD DR MZ10
CORAL GABLES, FL 33146 US**Name and Address of New Registered Agent:**TERMAN, PAUL A
1101 STANFORD DR
M-210
CORAL GABLES, FL 331462001 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: PAUL TERMAN

02/09/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGR () Delete
Name: TERMAN, PAUL
Address: 1101 STANFORD DR MZ10
City-St-Zip: CORAL GABLES, FL 33146**ADDITIONS/CHANGES:****Title:** MGRM (X) Change () Addition
Name: TERMAN, PAUL A
Address: 1101 STANFORD DR M-210
City-St-Zip: CORAL GABLES, FL 331462001 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: PAUL TERMAN

MGRM

02/09/2009

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