2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

01-31-2005 90195 033 ****55.00

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1. Entity Name

LIFE WITHOUT PAIN, LLC

Principal Place of Business	Mailing Address
1600 S. FEDERAL HWY. # 1125 POMPANO BEACH FL 33062	POB 667126 POMPANO BEACH FL 33066

30001152

1st MOORE CR2E083 (10/04)

2. Principal Place of Business	3. Mailing Address
1600 S. Federal Hwy	
Suite, Apt. #, etc. 350	Suite, Apt. #, etc.
City & State Pompano Beach, Fl	City & State
Zip 33062 / Country USA	Zip / Country

4. FEI Number 200850786 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NEWMAN, I. J 1600 S. FEDERAL HWY. #350 ~~#1125~~ POMPANO BEACH FL 33062	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LIFE WITHOUT PAIN, INC. POB 667126 POMPANO BEACH FL 33066 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: I J Newman 1/25/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #