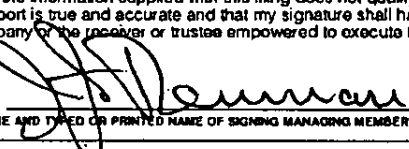


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

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

DOCUMENT # L04000019693 1. Entity Name LIFE WITHOUT PAIN, LLC					
Principal Place of Business 1600 S. FEDERAL HWY. # 1125 POMPANO BEACH FL 33062			Mailing Address POB 667126 POMPANO BEACH FL 33066		
2. Principal Place of Business 1600 S. Federal Hwy		3. Mailing Address 			
Suite, Apt. #, etc. 350		Suite, Apt. #, etc.			
City & State Pompano Beach, FL		City & State		4. FEI Number 200850786	
Zip 33062		Country USA		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent NEWMAN, I. J. 1600 S. FEDERAL HWY. # 1125 # 350 POMPANO BEACH FL 33062			7. Name and Address of New Registered Agent 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 _____ (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		☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date 3/25/04 Daytime Phone #					