

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000042519

FILED
Apr 04, 2006
Secretary of State

Entity Name: PREMIUM PAIN RELIEF LLC

Current Principal Place of Business:

13750 NW 18 CT
PEMBROKE PINES, FL 33028 US

New Principal Place of Business:

Current Mailing Address:

13750 NW 18 CT
PEMBROKE PINES, FL 33028 US

New Mailing Address:

FEI Number: 20-2786612 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

STCLAIR, SHANNON S
13750 NW 18 CT
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: STCLAIR, JOHN B
Address: 13750 NW 18 CT
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: STCLAIR, SHANNON S
Address: 13750 NW 18 CT
City-St-Zip: PEMBROKE PINES, FL 33028

I hereby certify that the information supplied with this filing does not qualify for the 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: SHANNON STCLAIR

MGRM

04/04/2006

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