

LO 5000040519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

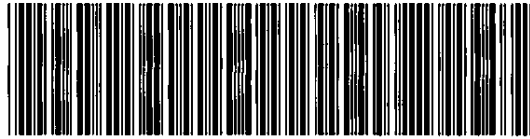
(Business Entity Name)

(Document Number)

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09 MAY -7 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

MAY 13 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Premium Pain Relief LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Revocation of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

*We live in Ohio & Florida
Temporarily
Mail stuff to:
3269 Fairhill Dr.
Rocky River
OH 44116*

SHANNON STCLAIR
Name of Person

PREMIUM PAIN RELIEF LLC
Firm/Company

2114 N FLAMINGO RD #185
Address

PEMBROKE PINES, FL 33028
City/State and Zip Code

Permanent Address

PremiumPainRelief@me.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHANNON STCLAIR at (954) 610-1521
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$100 Filing Fee
- \$105 Filing Fee & Certificate of Status
- \$130 Filing Fee & Certified Copy
- \$135 Filing Fee, Certificate of Status & Certified Copy

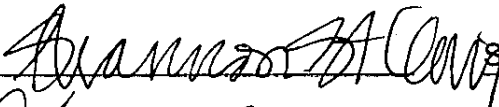
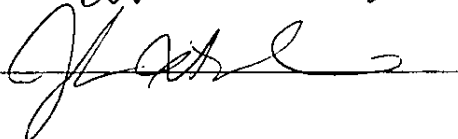
**ARTICLES OF REVOCATION OF DISSOLUTION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

Pursuant to section 608.4411, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution:

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1. The name of the company is Premium Pain Relief LLC.
2. The document number of the company is L05000042519.
3. The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State was
12-26-08.
4. The revocation of dissolution was authorized in the same manner as the dissolution on 1-9-09.

Signatures of the members having the same percentage membership interests necessary to approve the revocation of dissolution:

Signature	Typed or Printed Name
	SHANNON STCLAIR
	JOHN STCLAIR
_____	_____
_____	_____

Filing Fee: \$100.00