

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000073060

Entity Name: PAIN RELIEF, LLC

FILED
Jan 11, 2008
Secretary of State

Current Principal Place of Business:

809 KRISWELL CT
PALM HARBOR, FL 346832648

New Principal Place of Business:

4022 TAMPA ROAD
SUITE 6
OLDSMAR, FL 34677

Current Mailing Address:

809 KRISWELL CT
PALM HARBOR, FL 346832648 US

New Mailing Address:

4022 TAMPA ROAD
SUITE 6
OLDSMAR, FL 34677

FEI Number: 20-3198243

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TUCKER, DAVID B
809 KRISWELL CT
PALM HARBOR, FL 346832648 US

Name and Address of New Registered Agent:

TUCKER, DAVID B
4022 TAMPA ROAD
SUITE 6
OLDSMAR, FL 34677 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: DAVID B TUCKER

01/11/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TUCKER, DAVID B
Address: 809 KRISWELL CT
City-St-Zip: PALM HARBOR, FL 346832648 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TUCKER, DAVID B
Address: 4022 TAMPA ROAD #6
City-St-Zip: OLDSMAR, FL 34677 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: DAVID B TUCKER

MGRM

01/11/2008

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