

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000110720

Entity Name: HAPPY WITH PAIN, LLC

FILED  
Apr 27, 2010  
Secretary of State

**Current Principal Place of Business:**

1109 MUNSTER STREET  
ORLANDO, FL 32803 US

**New Principal Place of Business:**

**Current Mailing Address:**

1109 MUNSTER STREET  
ORLANDO, FL 32803 US

**New Mailing Address:**

FEI Number: 20-5888583

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SOULSBY, EDWARD W ESQ.  
1155 LOUISIANA AVENUE  
100  
WINTER PARK, FL 32789 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: MGR  
Name: JONES, PHILLIP R MR.  
Address: 1109 MUNSTER STREET  
City-St-Zip: ORLANDO, FL 32803 US

Title: MGR  
Name: FULLER-JONES, ASHLEY H ASHLEY  
Address: 1109 MUNSTER STREET  
City-St-Zip: ORLANDO, FL 32803 US

I hereby 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: ASHLEY FULLER-JONES

MRS.

04/27/2010

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