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TALLAHASSEE, FLORIDA

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MAR 03 2017

COVER LETTER

TO: Registration Section
Division of Corporations


SUBJECT: pain management of palm beach llc

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

 J.
ricardo sabates

Name of Person

pain management of palm beach

Firm/Company

2206 w. atlantic avenue suite 200

Address

delray beach florida 33445

City/State and Zip Code

rjsabates@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ricardo sabates

at (561) 5161738

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:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

