

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000005390

**FILED**  
**Mar 03, 2012**  
**Secretary of State**

**Entity Name:** PAINLESS RECONSTRUCTION, LLC

**Current Principal Place of Business:**

1046 MCKINNON AVENUE  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

1046 MCKINNON AVENUE  
OVIEDO, FL 32765

**New Mailing Address:**

**FEI Number:** 94-3464067

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

POINDEXTER, DEBORAH S ESQUIRE  
670 N. ORLANDO AVENUE  
SUITE 202  
MAITLAND, FL 32751 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  
Name: MURRAY, SHAWN  
Address: 1046 MCKINNON AVENUE  
City-St-Zip: OVIEDO, FL 33765 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: SHAWN MURRAY

MGRM

03/03/2012

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