

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000016495

FILED
Apr 19, 2011
Secretary of State

Entity Name: PAIN RELIEF RESTORATIVE MESSAGE PLLC

Current Principal Place of Business:

393 CENTER POINTE CIRCLE
SUITE 1459
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 150565
ALTAMONTE SPRINGS, FL 32715 US

New Mailing Address:

FEI Number: 26-4338554 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RIVERA, BRENDA I
393 CENTER POINTE CIRCLE
SUITE 1459
ALTAMONTE SPRINGS, FL 32701 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: CURTIS, HEATHER L
Address: 393 CENTER POINTE CIRCLE SUITE 1459
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 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: HEATHER L. CURTIS

MGRM

04/19/2011

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