

LB9000075426

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**Malave, Erin M.**

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**From:** Fairbanks, Eileen [fairbanks@butzel.com]  
**Sent:** Tuesday, January 05, 2010 3:35 PM  
**To:** CorpAddressChange  
**Subject:** Address change - All States of Pain LLC

Good afternoon:

Re: Document Number: L09000075426

Please change the address of the following LLC as per below for the Principal Address, Mailing Address, and Registered Agent Name & Address:

**Old Address:**

All States of Pain LLC  
**1580 NW 2<sup>nd</sup> Avenue  
Boulevard  
Suite 10  
Boca Raton, FL 33432**

**New Address:**

All States of Pain LLC  
**1580 N.W. Boca Raton  
  
Suites 9 & 10  
Boca Raton, FL 33432**

Please contact Jennifer Watkins at 561-659-8663 with any questions.

Thank you very much for your assistance.

*Eileen Fairbanks,*  
BUTZEL LONG, a professional corporation  
125 Worth Avenue | Suite 330 | Palm Beach, Florida 33480 | Tel. 561-659-8664 | Fax 561-659-8679 |  
[Fairbanks@butzel.com](mailto:Fairbanks@butzel.com) | [www.butzel.com](http://www.butzel.com)

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