

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000092618

**FILED**  
**Apr 23, 2010**  
**Secretary of State**

**Entity Name:** PAIN RELIEF ORLANDO, LLC

**Current Principal Place of Business:**

13450 LAKE MARY JANE RD.  
ORLANDO, 32832

**New Principal Place of Business:**

2021 SOUTH ORANGE AVENUE  
ORLANDO, FL 32806

**Current Mailing Address:**

13450 LAKE MARY JANE RD.  
ORLANDO, 32832

**New Mailing Address:**

2021 SOUTH ORANGE AVENUE  
ORLANDO, FL 32806

**FEI Number:** 27-1023268

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHAPIRO, DARRIN F  
13450 LAKE MARY JANE RD.  
ORLANDO, FL 32832 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: SHAPIRO, DARRIN F  
Address: 13450 LAKE MARY JANE RD.  
City-St-Zip: ORLANDO, FL 32832

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: DARRIN F. SHAPIRO

MGR

04/23/2010

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