

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000118040

**FILED**  
**Apr 11, 2010**  
**Secretary of State**

**Entity Name:** SOUTHEAST PAIN AND REJUVENATION LLC

**Current Principal Place of Business:**

570 SW 20TH CT UNIT D  
D  
DELRAY BEACH, FL 33445

**New Principal Place of Business:**

1325 S. CONGRESS AVE  
SUITE #111  
BOYNTON BEACH, FL 33426

**Current Mailing Address:**

570 SW 20TH CT  
D  
DELRAY BEACH, FL 33445

**New Mailing Address:**

1325 S. CONGRESS AVE  
SUITE #111  
BOYNTON BEACH, FL 33426

**FEI Number:** 27-1461081

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MAYO, ANDREW  
570 SW 20TH CT  
D  
DELRAY BEACH, FL 33445 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: MAYO, ANDREW  
Address: 570 SW 20TH CT UNIT D  
City-St-Zip: DELRAY BEACH, FL 33445

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: ANDREW MAYO

MGRM

04/11/2010

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