

L10000112946

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

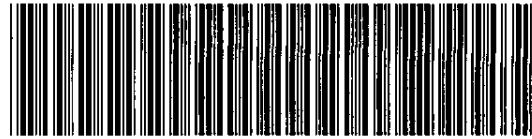
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NERVE PAIN SOLUTIONS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John C Rojas

Name of Person

Firm/Company

5401 NW 2ND AVE SUITE # 229

Address

BOCA RATON, FL 33487

City/State and Zip Code

jcriny@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John C Rojas

Name of Person

at (561) 210-3046

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

NERVEPAIN SOLUTIONS LLC

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	AGUSTIN R MAXEMIN	755 E BLITHEDALE SUITE # 533 MILL VALLEY, CA 94941, US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	CARLOS, ROJAS	499 E PALMETTO PARK RD SUITE # 204, BOCA RATON, FL 33432, US	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	CECILIA, ROJAS	499 E PALMETTO PARK RD SUITE #204 BOCA RATON, FL 33432, US	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated NOVEMBER 10, 2010.

Cecilia Rojas
Signature of a member or authorized representative of a member
Cecilia Rojas
Typed or printed name of signee