

# 2012 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L11000035972

**FILED**  
**Nov 04, 2012**  
**Secretary of State**

**Entity Name:** THE HOUSE OF PAIN, LLC

**Current Principal Place of Business:**

5117 WINGATE RD  
MYAKKA CITY, FL 34251 US

**New Principal Place of Business:**

5103 LENA RD #115  
BRADENTON, FL 34210 US

**Current Mailing Address:**

5117 WINGATE RD  
MYAKKA CITY, FL 34251 US

**New Mailing Address:**

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

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

ESCHER, JOSHUA J  
5117 WINGATE RD  
MYAKKA CITY, FL 34251 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: JOSHUA ESCHER

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ESCHER, JOSHUA J  
Address: 5117 WINGATE RD  
City-St-Zip: MYAKKA CITY, FL 34251 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: JOSHUA ESCHER

MGR

11/04/2012

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