

L14 0006 71543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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ALLAH, FLORIDA

14 JUN -11 PM 3:39

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**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: **MICHIGAN PAIN MANAGEMENT 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:

**ALLEN LEVI**

Name of Person

**STROEMER AND COMPANY LLC**

Firm/Company

**20590 W DIXIE HIGHWAY**

Address

**AVENTURA, FL 33180**

City/State and Zip Code

**ALLENL@STROEMERCPA.COM**

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

For further information concerning this matter, please call:

**ALLEN LEVI**

Name of Person

at **(305) 937-2272**

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



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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ALBERT JEROME	4676 OKEECHOBEE BLVD	<input type="checkbox"/> Add
		W PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Remove
MGR	JOHN MAFFIA	4676 OKEECHOBEE BLVD	<input type="checkbox"/> Add
		W PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Remove
MGR	ELI GOLDSTEIN	4676 OKEECHOBEE BLVD	<input type="checkbox"/> Add
		W PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Remove
MGR	JAMES PADULA	4676 OKEECHOBEE BLVD	<input type="checkbox"/> Add
		W PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Remove
MGR	JAMES PADULA	30301 WOODWARD AVE STE 240	<input checked="" type="checkbox"/> Add
		ROYAL OAK, MI 48073	<input checked="" 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.)

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

✓ 6/3/14

Signature of a member or authorized representative of a member

ALBERT JEROME

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

RECEIVED  
TALLAHASSEE, FLORIDA

14 JUN -4 PM 3:40

07/11/14