

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000109043

**Entity Name:** NO PAIN, LLC

**Current Principal Place of Business:**

351 LOS PINOS PLACE  
CORAL GABLES, FL 33143

**Current Mailing Address:**

351 LOS PINOS PLACE  
CORAL GABLES, FL 33143 US

**FEI Number:** 20-5872025

**Certificate of Status Desired:** No

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

THE MEDILAW FIRM  
325 ALMERIA AVE  
CORAL GABLES, FL 33134 US

*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

**Authorized Person(s) Detail :**

Title MGR  
Name CHAO, RAUL  
Address 351 LOS PINOS PLACE  
City-State-Zip: CORAL GABLES FL 33143

Title MGR  
Name CHAO, LAURA  
Address 351 LOS PINOS PLACE  
City-State-Zip: CORAL GABLES FL 33143

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RAUL CHAO

**MANAGER**

**03/11/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date