

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000016963

**Entity Name:** PAIN LESS THERAPY, LLC

**Current Principal Place of Business:**

1289 GUMLEAF RD.  
JACKSONVILLE, FL 32226

**Current Mailing Address:**

1289 GUMLEAF RD.  
JACKSONVILLE, FL 32226 US

**FEI Number:** 45-4524897

**Certificate of Status Desired:** Yes

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

MYERS, KRIS L  
24687 VILLAGE WALK BLVD.  
BONITA SPRINGS, FL 34135 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:** KRIS MYERS

03/13/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name MYERS, STACY  
Address 1289 GUMLEAF RD.  
City-State-Zip: JACKSONVILLE FL 32226

*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:** STACY MYERS

MGR

03/13/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date