

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000016963

Entity Name: PAIN LESS THERAPY, LLC

Current Principal Place of Business:

1289 GUM LEAF RD.
JACKSONVILLE, FL 32226

Current Mailing Address:

1289 GUM LEAF RD.
JACKSONVILLE, FL 32226 US

FEI Number: 45-4524897

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MYERS, KRIS L
27057 ALLAN STREET
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

04/12/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name MYERS, STACY
Address 1289 GUM LEAF 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

MANAGER

04/12/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date