

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000113472

**Entity Name:** AMIN PAIN RELIEF NAUTICAL, LLC

**Current Principal Place of Business:**

2745 NW 62ND ST  
FORT LAUDERDALE, FL 33309

**Current Mailing Address:**

1345 NE 4TH AVE  
FORT LAUDERDALE, FL 33304 US

**FEI Number:** 47-1865177

**Certificate of Status Desired:** No

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

FARMER, GARY  
1395 BRICKELL AVENUE  
SUITE 800  
FORT LAUDERDALE, FL 33131 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:** FARMER, GARY

04/28/2025

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Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           AMIN, NEEL H  
Address        2745 NW 62ND ST  
City-State-Zip: FORT LAUDERDALE FL 33309

*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:** NEEL H AMIN

04/28/2025

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Electronic Signature of Signing Authorized Person(s) Detail

Date