

**2019 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L18000209999

**Entity Name:** 305 800 PAIN, LLC

**Current Principal Place of Business:**

9600 WW 25TH ST  
DORAL, FL 33176

**Current Mailing Address:**

9600 WW 25TH ST  
DORAL, FL 33176 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

CHORENS, ELVIS  
9600 WW 25TH ST  
DORAL, FL 33176 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:** ELVIS CHORENS

11/14/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name CHORENS, ELVIS  
Address 9600 WW 25TH ST  
City-State-Zip: DORAL FL 33176

*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:** ELVIS CHORENS

MGR

11/14/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date