## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000197130

Entity Name: PAIN RELIEF HOLDING LLC

**Current Principal Place of Business:** 

1345 NE 4TH AVE

FORT LAUDERDALE, FL 33304

**Current Mailing Address:** 

1345 NE 4TH AVE

FORT LAUDERDALE. FL 33304 US

FEI Number: 85-1863406 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FARMER, GARY 1395 BRICKELL AVENUE SUITE 853 MIAMI, 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: GARY FARMER 03/20/2024

Electronic Signature of Registered Agent Date

## Authorized Person(s) Detail:

Title MANAGER
Name AMIN, NEEL

Address 1345 NE 4TH AVE

City-State-Zip: FORT LAUDERDALE FL 33304

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 AMIN CEO 03/20/2024

FILED Mar 20, 2024

**Secretary of State** 

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