

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000189808

**Entity Name:** PSYWELL, LLC

**Current Principal Place of Business:**

8401 LAKE WORTH RD.  
SUITE 210  
LAKE WORTH, FL 33467

**Current Mailing Address:**

8401 LAKE WORTH RD.  
SUITE 210  
LAKE WORTH, FL 33467 US

**FEI Number:** 82-2708909

**Certificate of Status Desired:** No

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

SHAW, PAULA  
8870 GEORGETOWN LANE  
BOYNTON BEACH, FL 33472 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	SHAW, PAULA	Name	LIPPMAN, STEPHANIE
Address	8870 GEORGETOWN LANE	Address	9755 QUINN COURT
City-State-Zip:	BOYNTON BEACH FL 33472	City-State-Zip:	WELLINGTON FL 33414

*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:** STEPHANIE LIPPMAN

**MGR**

**02/23/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date