

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000512261

**Entity Name:** THE CHANGE U SEE THERAPY, LLC

**Current Principal Place of Business:**

303 NE 5TH STREET  
HAVANE, FL 32333

**Current Mailing Address:**

303 NE 5TH STREET  
HAVANE, FL 32333 US

**FEI Number:** 88-0914795

**Certificate of Status Desired:** No

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

COLLINS, IRANE M  
303 NE 5TH STREET  
HAVANE, FL 32333 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  
Name COLLINS, IRANE M  
Address 303 NE 5TH STREET  
City-State-Zip: HAVANE FL 32333

*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:** IRANE COLLINS

**OWNER**

**03/04/2025**

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

\_\_\_\_\_  
Date