

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000036114

**Entity Name:** BALANCED MINDS CHILD AND FAMILY THERAPY, LLC

**Current Principal Place of Business:**

7451 WILES ROAD  
CORAL SPRINGS, FL 33067

**Current Mailing Address:**

7980 NW 50TH STREET  
UNIT 310  
LAUDERHILL, FL 33351 US

**FEI Number: 87-4799473**

**Certificate of Status Desired:** No

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

SMITH, SEYCHELLE M  
7980 NW 50TH STREET  
UNIT 310  
LAUDERHILL, FL 33351 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            PRESIDENT  
Name            SEYCHELLE, SMITH MARIE  
Address        7451 WILES ROAD  
City-State-Zip: CORAL SPRINGS FL 33067

*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:** SEYCHELLE SMITH

**PRESIDENT**

**01/19/2023**

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

\_\_\_\_\_  
Date