

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000402859

**Entity Name:** CHANGING REINS THERAPY, LLC

**Current Principal Place of Business:**

2400 NE 209TH TERRACE  
MIAMI, FL 33180

**Current Mailing Address:**

2400 NE 209TH TERRACE  
MIAMI, FL 33180

**FEI Number:** 92-0615792

**Certificate of Status Desired:** No

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

SARSHALOM, RACHEL F  
2400 NE 209TH TERR  
MIAMI, FL 33180 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 SARSHALOM, RACHEL F  
Address 2400 NE 209TH TERR  
City-State-Zip: MIAMI FL 33180

Title MGR  
Name GROSSMAN, EMILY L  
Address 661 NE 177TH STREET  
City-State-Zip: MIAMI FL 33162

*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:** EMILY GROSSMAN

**MANAGER**

**04/30/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date