

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000021570

**Entity Name:** PSYCH 2 U P.L.L.C.

**Current Principal Place of Business:**

1311 REAGAN WELLS DR  
HUTTO, TX 78634

**Current Mailing Address:**

1311 REAGAN WELLS DRIVE  
HUTTO, TX 78634 US

**FEI Number:** 55-0915629

**Certificate of Status Desired:** No

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

SHOENFELT, TERRY J  
1311 REAGAN WELLS DR  
HUTTO, FL 78634 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	MGRM
Name	SHOENFELT, REBA E	Name	SHOENFELT, REBA E
Address	1311 REAGAN WELLS DR	Address	1311 REAGAN WELLS DR
City-State-Zip:	HUTTO TX 78634	City-State-Zip:	TEXAS TX 78634

*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:** SHOENFELT, REBA E

**MEMBER MANAGER**

**04/30/2024**

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

\_\_\_\_\_  
Date