

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000252941

Entity Name: YOUR FRIEND, THE THERAPIST, LLC

Current Principal Place of Business:

104 SPRINGDALE CIRCLE
PALM SPRINGS, FL 33461

Current Mailing Address:

228 PARK AVE S
PMB 16968
NEW YORK, NY 10003 US

FEI Number: 87-0983492

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COLIN CLARENCE, P.A.
120 SOUTH OLIVE AVE.
SUITE 703
WEST PALM BEACH, FL 33401 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 AMBR
Name OLAVARRIA, DANIEL
Address 104 SPRINGDALE CIRCLE
City-State-Zip: PALM SPRINGS FL 33461

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: DANIEL OLAVARRIA

AMBR

04/29/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date