

**2023 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

**AUTHORIZED MEMBER**

**04/27/2023**

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

\_\_\_\_\_  
Date