

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000007690

**Entity Name:** THE CITY PSYCHOTHERAPY NEW YORK, LCSW, PLLC, LLC

**Current Principal Place of Business:**

228 PARK AVE S  
PMB 16968  
NEW YORK, NY 10003

**Current Mailing Address:**

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

**FEI Number:** 85-0557018

**Certificate of Status Desired:** No

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

COLIN CLARENCE, P.A.  
120 S. OLIVE AVENUE  
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            AUTHORIZED MEMBER  
Name            OLAVARRIA, DANIEL  
Address        228 PARK AVE S  
                  PMB 16968  
City-State-Zip: NEW YORK NY 10003

*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**

**04/29/2024**

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

\_\_\_\_\_  
Date