

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000506751

Entity Name: PIVOTAL PSYCHOTHERAPY PRACTICE, LLC

Current Principal Place of Business:

11790 STONEHAVEN WAY
WEST PALM BEACH, FL 33412

Current Mailing Address:

11790 STONEHAVEN WAY
WEST PALM BEACH, FL 33412 US

FEI Number: 87-4445305

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARCELLINO, ALEXIA
2223 PALM BEACH LAKES BLVD.
WEST PALM BEACH, FL 33409 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 MARCELLINO, ALEXIA
Address 2223 PALM BEACH LAKES BLVD
City-State-Zip: WEST PALM BEACH FL 33409

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: MARCELLINO, ALEXIA

MANAGER

01/17/2023

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date