

**2024 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:** ALEXIA MARCELLINO

MGR

02/01/2024

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

\_\_\_\_\_ Date