

2014 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L12000081968

**FILED
Jun 30, 2014
Secretary of State**

Entity Name: ABA THERAPY SOLUTIONS, LLC

Current Principal Place of Business:

696 SW WHISPER RIDGE TRAIL
PALM CITY, FL 34990 US

New Principal Place of Business:

Current Mailing Address:

696 SW WHISPER RIDGE TRAIL
PALM CITY, FL 34990 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAK COURT
SUITE A
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

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: CHEYENNE MOSELEY

Electronic Signature of Registered Agent

Date

AUTHORIZED PERSONS:

Title: MGRM
Name: PEIRCE, LINDA A
Address: 696 SW WHISPER RIDGE TRAIL
City-St-Zip: PALM CITY, FL 34990 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: LINDA A PEIRCE

Electronic Signature of Authorized Person

MGRM

06/30/2014

Date