

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000081968

Entity Name: ABA THERAPY SOLUTIONS, LLC

Current Principal Place of Business:

1532 SW MAPP ROAD
PALM CITY, FL 34990

Current Mailing Address:

1532 SW MAPP ROAD
PALM CITY, FL 34990 US

FEI Number: 45-5576365

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WOODWARD, KELLEY, FULTON & KAPLAN
2400 SE FEDERAL HWY
SUITE 200
STUART, FL 34994 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: BRANDON V. WOODWARD, ESQ.

04/04/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MANAGING MEMBER	Title	AUTHORIZED MEMBER
Name	PEIRCE, LINDA	Name	PEIRCE, GARY
Address	1532 SW MAPP ROAD	Address	1532 SW MAPP ROAD
City-State-Zip:	PALM CITY FL 34990	City-State-Zip:	PALM CITY FL 34990

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: GARY PEIRCE

AUTHORIZED MEMBER

04/04/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date