## **2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000081968

Entity Name: ABA THERAPY SOLUTIONS, LLC

Littly Name: ADA THERAIT SOLOTIONS, LE

**Current Principal Place of Business:** 

2400 SE FEDERAL HWY #220

STUART, FL 34994

**Current Mailing Address:** 

2400 SE FEDERAL HWY #220 STUART, FL 34994 US

FEI Number: 45-5576365 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WOODWARD, KELLEY, FULTON & KAPLAN 10 SE CENTRAL PARKWAY SUITE 450 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. 04/27/2021

Electronic Signature of Registered Agent Date

Authorized Person(s) Detail:

Title MANAGING MEMBER

Name PEIRCE, LINDA

Address 2400 SE FEDERAL HWY

#220

City-State-Zip: STUART FL 34994

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: LINDA PEIRCE MANAGING MEMBER 04/27/2021

FILED Apr 27, 2021

**Secretary of State** 

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