

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000081968

Entity Name: ABA THERAPY SOLUTIONS, LLC

Current Principal Place of Business:

4785 SW LONG BAY DR
PALM CITY, FL 34990

Current Mailing Address:

4785 SW LONG BAY DR
PALM CITY, FL 34990 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAK COURT
SUITE A
TAMPA, FL 33612 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 AMBR
Name PEIRCE, LINDA A
Address 4785 SW LONG BAY DR
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: LINDA A. PEIRCE

AMBR

04/22/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date