

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000081968

**Entity Name:** ABA THERAPY SOLUTIONS, LLC

**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  
27 SOUTHEAST OCEAN BOULEVARD  
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.

04/22/2019

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

04/22/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date