

**2017 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

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:** Yes

**Name and Address of Current Registered Agent:**

PEIRCE, GARY W  
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:** GARY W. PEIRCE

09/25/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title CFO  
Name PEIRCE, GARY W  
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:** GARY W. PEIRCE

CHIEF FINANCIAL  
OFFICER

09/25/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date