

**2019 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L16000130848

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

**Current Principal Place of Business:**

5036 DR. PHILLIPS BLVD.  
STE 316  
ORLANDO, FL 32819

**Current Mailing Address:**

5036 DR. PHILLIPS BLVD.  
STE 316  
ORLANDO, FL 32819 US

**FEI Number:** 81-3215556

**Certificate of Status Desired:** No

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

MITRE ACCOUNTING AND TAX SERVICE LLC  
15701 STATE ROAD 50  
STE 202  
CLERMONT, FL 34711 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:** AUNDRE SCOTT

03/16/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name EFZIL, HINA  
Address 258 KILLINGTON WAY  
City-State-Zip: ORLANDO FL 32835

Title MGR  
Name TARANTELLLO, COREY S.  
Address 612 CHERRY LAUREL ST  
City-State-Zip: MINNEOLA FL 34715

*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:** COREY TARANTELLLO

MGR

03/16/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date