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

SIGNATURE: COREY TARANTELLO

Electronic Signature of Signing Authorized Person(s) Detail

Current Mailing Address: 924 DELANEY AVENUE

ORLANDO, FL 32806 US

FEI Number: 81-3215556

Name and Address of Current Registered Agent:

TARANTELLO, COREY 1090 HIDDEN HARBOR LANE KISSIMMEE, FL 34746 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:	COREY TARANTELLO			01/26/2023
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGR	Title	MGR	
Name	EFZIL, HINA	Name	TARANTELLO, COREY S.	
Address	438 WHIPPERWILL WAY	Address	1090 HIDDEN HARBOR LANE	
City-State-Zip:	WINTER GARDEN FL 34787	City-State-Zip:	KISSIMMEE FL 34746	

that my name appears above, or on an attachment with all other like empowered.

MGR

01/26/2023 Date

FILED Jan 26, 2023 Secretary of State 8956642983CC

Certificate of Status Desired: No

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000130848

Entity Name: ABA ALLIANCE THERAPY, LLC

Current Principal Place of Business:

924 DELANEY AVENUE ORLANDO, FL 32806