

**2021 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

**Current Mailing Address:**

924 DELANEY AVENUE  
ORLANDO, FL 32806 US

**FEI Number:** 81-3215556

**Certificate of Status Desired:** No

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

TARANTELO, 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 TARANTELO

03/30/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name EFZIL, HINA  
Address 438 WHIPPERWILL WAY  
City-State-Zip: WINTER GARDEN FL 34787

Title MGR  
Name TARANTELO, COREY S.  
Address 1090 HIDDEN HARBOR LANE  
City-State-Zip: KISSIMMEE FL 34746

*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 TARANTELO

MGR/AGENT

03/30/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date