

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000173714

**Entity Name:** ABA ALLIANCE CARE SERVICES LLC

**Current Principal Place of Business:**

12039 SW 132 COURT, UNIT 33  
MIAMI, FL 33186

**Current Mailing Address:**

10350 SW 110TH  
MIAMI, FL 33176 US

**FEI Number:** 82-2495160

**Certificate of Status Desired:** No

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

MARTINEZ, YANELKYS  
10350 SW 110TH  
MIAMI, FL 33176 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:** YANELKYS MARTINEZ

01/24/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            AMBR  
Name            MARTINEZ, YANELKYS  
Address        10350 SW 110TH  
City-State-Zip: MIAMI FL 33176

*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:** YANELKYS MARTINEZ

**OWNER**

01/24/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date