

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000173714

Entity Name: ABA ALLIANCE CARE SERVICES LLC

Current Principal Place of Business:

10350 SW 110TH
MIAMI, FL 33176

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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title CEO
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

CEO

04/04/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date