

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000268231

**Entity Name:** ABA SOLUTION PROVIDER LLC

**Current Principal Place of Business:**

1835 E HALLANDALE BEACH BLVD  
715  
HALLANDALE, FL 33009

**Current Mailing Address:**

1835 E HALLANDALE BEACH BLVD  
715  
HALLANDALE, FL 33009 US

**FEI Number:** 85-2752680

**Certificate of Status Desired:** No

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

COHEN, MEIR M  
1835 E HALLANDALE BEACH BLVD  
715  
HALLANDALE, FL 33009 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 MGR  
Name COHEN, MEIR M  
Address 1835 E HALLANDALE BEACH BLVD  
SUITE 715  
City-State-Zip: HALLANDALE FL 33009

Title MBR  
Name FEINER, JOSEPH  
Address 1835 E HALLANDALE BEACH BLVD  
SUITE 715  
City-State-Zip: HALLANDALE FL 33309

*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:** COHEN , MEIR M

**MGR**

**04/26/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date