

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000268231

**Entity Name:** ABA SOLUTION PROVIDER LLC

**Current Principal Place of Business:**

1001 N FEDERAL HIGHWAY  
308  
HALLANDALE BEACH, 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  
1001 N FEDERAL HIGHWAY  
308  
HALLANDALE BEACH, 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	Title	MBR
Name	COHEN, MEIR M	Name	FEINER, JOSEPH
Address	1835 E HALLANDALE BEACH BLVD SUITE 715	Address	1835 E HALLANDALE BEACH BLVD SUITE 715
City-State-Zip:	HALLANDALE FL 33009	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:** JOSEPH FEINER

03/15/2021

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

\_\_\_\_\_  
Date