

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000335476

**Entity Name:** ABA FAMILY THERAPY, LLC

**Current Principal Place of Business:**

10426 CHORLTON CIRCLE  
ORLANDO, FL 32832

**Current Mailing Address:**

10426 CHORLTON CIRCLE  
ORLANDO, FL 32832 US

**FEI Number: 85-3720984**

**Certificate of Status Desired: Yes**

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

FERRER, ALEXIS M  
10426 CHORLTON CIRCLE  
ORLANDO, FLORIDA, FL 32832 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	AUTHORIZED MEMBER	Title	MANAGER
Name	FERRER, ALEXIS M	Name	VERDON, MATHEW
Address	10426 CHORLTON CIRCLE	Address	10426 CHORLTON CIRCLE
City-State-Zip:	ORLANDO FL 32832	City-State-Zip:	ORLANDO FL 32832

*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: ALEXIS FERRER**

**AUTHORIZED MEMBER**

**02/06/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date