

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000335476

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

**Current Principal Place of Business:**

12780 WATERFORD LAKES PARKWAY  
STE 127  
ORLANDO, FL 32828

**Current Mailing Address:**

12780 WATERFORD LAKES PARKWAY  
STE 127  
ORLANDO, FL 32828 US

**FEI Number:** 85-3720984

**Certificate of Status Desired:** No

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

VERDON, ALEXIS  
12780 WATERFORD LAKES PARKWAY  
STE 127  
ORLANDO, FL 32828 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            AMBR  
Name            VERDON, ALEXIS  
Address        325 MIRASOL LANE  
City-State-Zip: ORLANDO FL 32828

Title            MGR  
Name            VERDON, MATHEW  
Address        325 MIRASOL LANE  
City-State-Zip: ORLANDO FL 32828

*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:** VERDON, ALEXIS

**CEO/OWNER**

**01/05/2024**

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

\_\_\_\_\_  
Date