

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000354892

**Entity Name:** ABREU BEHAVIORAL THERAPY, LLC

**Current Principal Place of Business:**

1032 WEST 79TH STREET  
HIALEAH, FL 33014

**Current Mailing Address:**

1032 WEST 79TH STREET  
HIALEAH, FL 33014

**FEI Number: 85-4036933**

**Certificate of Status Desired: No**

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

ABREU, CHAYANNE  
1032 WEST 79TH STREET  
HIALEAH, FL 33014 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 P  
Name CHAYANNE, ABREU  
Address 1032 WEST 79TH STREET  
City-State-Zip: HIALEAH FL 33014

*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: CHAYANNE ABREU**

**MANAGER**

**04/30/2021**

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

\_\_\_\_\_ Date