

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000055708

Entity Name: ABA REDISCOVERY THERAPY LLC

Current Principal Place of Business:

729 LONG ISLAND STREET EAST
LEHIGH ACRES, FL 33974

Current Mailing Address:

729 LONG ISLAND STREET EAST
LEHIGH ACRES, FL 33974

FEI Number: 86-2631117

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOOKKEEPING & INCOME TAX, VIERA, T
2845 35TH AVE NE
NAPLES, FL 34120 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 MARTINEZ, YANIRY
Address 729 LONG ISLAND STREET EAST
City-State-Zip: LEHIGH ACRES FL 33974

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: YANIRY MARTINEZ

02/03/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date