

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000375154

**Entity Name:** ABA BEST THERAPY SERVICES, LLC

**Current Principal Place of Business:**

12000 ROCK BROOK RUN  
FORT MYERS, FL 33913

**Current Mailing Address:**

12000 ROCK BROOK RUN  
FORT MYERS, FL 33913 US

**FEI Number:** 87-2327230

**Certificate of Status Desired:** No

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

GUERRA GUERRA, CLAUDIA  
12000 ROCK BROOK RUN  
FORT MYERS, FL 33913 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            GUERRA GUERRA, CLAUDIA  
Address        12000 ROCK BROOK RUN  
City-State-Zip: FORT MYERS FL 33913

*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:** CLAUDIA GUERRA GUERRA

AMBR

04/30/2022

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

\_\_\_\_\_  
Date