

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000017248

Entity Name: ABA 4KIDS THERAPY SERVICES LLC

Current Principal Place of Business:

872 SW 7TH ST
FLORIDA CITY, FL 33034

Current Mailing Address:

872 SW 7TH ST
FLORIDA CITY, FL 33034 US

FEI Number: 87-4476768

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

VAZQUEZ VAZQUEZ, YADAMIS
872 SW 7TH ST
FLORIDA CITY, FL 33034 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 VAZQUEZ VAZQUEZ, YADAMIS
Address 872 SW 7TH ST
City-State-Zip: FLORIDA CITY FL 33034

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: YADAMIS VAZQUEZ VAZQUEZ

AMBR

02/26/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date