

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000210821

Entity Name: LISY ABA THERAPY L.L.C

Current Principal Place of Business:

10815 SW 221 ST
MIAMI, FL 33170

Current Mailing Address:

10815 SW 221 ST
MIAMI, FL 33170 UN

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROJAS, ARELYS
10815 SW 221 ST
MIAMI, FL 33170 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 ARELYS, ROJAS
Address 10815 SW 221 ST
City-State-Zip: MIAMI FL 33170

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: ARELYS ROJAS

MGR

02/24/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date