

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000361312

Entity Name: ALPHA BEHAVIOR THERAPY, LLC

Current Principal Place of Business:

3G ROBERTA ST
KEY WEST, FL 33040

Current Mailing Address:

3G ROBERTA ST
KEY WEST, FL 33040 US

FEI Number: 88-3809116

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ARAUJO VIDAL, MARIELA
3G ROBERTA ST
KEY WEST, FL 33040 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 AP
Name ARAUJO VIDAL, MARIELA
Address 3G ROBERTA ST
City-State-Zip: KEY WEST FL 33040

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: MARIELA ARAUJO VIDAL

MGR

02/19/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date