

**2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L22000492797

**Entity Name:** SENSORY LEARNING ABA LLC \*\*\*\*\*

**Current Principal Place of Business:**

1100 W 49TH STREET  
UNIT 6  
HIALEAH, FL 33012

**Current Mailing Address:**

1100 W 49TH STREET  
UNIT 6  
HIALEAH, FL 33012 US

**FEI Number:** 92-1121155

**Certificate of Status Desired:** No

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

WASSERMAN, DARYL KEITH  
1100 W 49TH STREET  
UNIT 6  
HIALEAH, FL 33012 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:** DARYL KEITH WASSERMAN

03/13/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           WASSERMAN, DARYL KEITH  
Address        11751 SW 3RD STREET  
City-State-Zip: PLANTATION FL 33325

*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:** DARYL KEITH WASSERMAN

MANAGER

03/13/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date