

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000095555

**Entity Name:** ABA AUTISM THERAPIES, LLC.

**Current Principal Place of Business:**

2054 VISTA PARKWAY  
SUITE 413  
WEST PALM BEACH, FL 33411

**Current Mailing Address:**

10701 SW GLORIANA ST  
PORT SAINT LUCIE, FL 34987 US

**FEI Number:** 92-2686181

**Certificate of Status Desired:** No

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

NIKIFOROS PETRAKIS  
10701 SW GLORIANA ST  
PORT SAINT LUCIE, FL 34987 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	Title	AMBR
Name	MARIELA PETRAKI	Name	NIKIFOROS PETRAKIS
Address	10701 SW GLORIANA ST	Address	10701 SW GLORIANA ST
City-State-Zip:	PORT SAINT LUCIE FL 34987	City-State-Zip:	PORT SAINT LUCIE FL 34987

*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 PETRAKI

**OWNER**

**03/11/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date