# 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000265164

Entity Name: APPLIED BEHAVIORAL AND COGNITIVE THERAPY SERVICES

LLC

FILED Feb 07, 2024 Secretary of State 9576750848CC

# **Current Principal Place of Business:**

7001 SW 97TH AVE STE 206A MIAMI, FL 33173

# **Current Mailing Address:**

11450 SW 105TH TER MIAMI, FL 33176 US

FEI Number: 93-1821362 Certificate of Status Desired: Yes

# Name and Address of Current Registered Agent:

RESTREPO, JOHN J 11450 SW 105TH TERRACE MIAMI, FL 33176 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 Title MGR

Name RESTREPO, LISETTE D Name RESTREPO, JOHN J

Address 11450 SW 105TH TERRACE Address 11450 SW 105TH TERRACE

City-State-Zip: MIAMI FL 33176 City-State-Zip: MIAMI FL 33176

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.

**OWNER** 

Electronic Signature of Signing Authorized Person(s) Detail