

2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L23000327621

Entity Name: COLLAZO ABA THERAPY, LLC

Current Principal Place of Business:

666 NW 19TH ST
HOMESTEAD, FL 33030

Current Mailing Address:

666 NW 19TH ST
HOMESTEAD, FL 33030

FEI Number: 99-1347454

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COLLAZO, NAYELIS
666 NW 19TH ST
HOMESTEAD, FL 33030 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 MANAGER
Name COLLAZO, NAYELIS
Address 666 NW 19TH ST
City-State-Zip: HOMESTEAD FL 33030

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: NAYELIS COLLAZO

MANAGER

05/01/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date