

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000523729

Entity Name: ABA ALPIZAR THERAPY LLC

Current Principal Place of Business:

203 FAIRLANE AVE
ORLANDO, FL 32809

Current Mailing Address:

203 FAIRLANE AVE
ORLANDO, FL 32809 US

FEI Number: 93-4589683

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

QUINONES ALPIZAR, MARIAN MS.
203 FAIRLANE AVE
ORLANDO, FL 32809 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
Name QUINONES ALPIZAR, MARIAN MS.
Address 203 FAIRLANE AVE
City-State-Zip: ORLANDO FL 32809

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: MARIAN QUINONES ALPIZAR

MGR

03/18/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date