

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000554269

Entity Name: ABA AUTISM THERAPY OF FLORIDA LLC

Current Principal Place of Business:

2598 E. SUNRISE BLVD
SUITE 2104
FORT LAUDERDALE, FL 33304

Current Mailing Address:

2598 E. SUNRISE BLVD
SUITE 2104
FORT LAUDERDALE, FL 33304

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GWILLIAM, ELISA
2598 E. SUNRISE BLVD
SUITE 2104
FORT LAUDERDALE, FL 33304 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 GWILLIAM, ELISA
Address 3406 DAVIE ROAD UNIT 215
City-State-Zip: DAVIE FL 33314

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: ELISA GWILLIAM

MANAGING MEMBER

03/06/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date