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: NICHOLAS ELLIS

Electronic Signature of Signing Authorized Person(s) Detail

05/01/2023

				00/01/20	
	Electronic Signature of Registered Agent			Date	
Authorized Person(s) Detail :					
Title	Ρ	Title	VP		
Name	ELLIS, NICHOLAS	Name	CHRISTIANSON, JOSEPH		
Address	6727 1ST AVE S SUITE 209	Address	6727 1ST AVE S SUITE 209		
City-State-Zip:	SAINT PETERSBURG FL 33707	City-State-Zip:	SAINT PETERSBURG FL 337	707	

## Name and Address of Current Registered Agent:

CRISTAL, BEN 4905 W. LAUREL STREET SUITE 200 TAMPA, FL 33607 US

SIGNATURE: BEN CRISTAL

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.

	-
Current Principal Place of Business:	

6727 1ST AVE S SUITE 209 SAINT PETERSBURG, FL 33707

DOCUMENT# L18000268546

# **Current Mailing Address:**

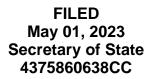
6727 1ST AVE S SUITE 209 SAINT PETERSBURG, FL 33707 US

### FEI Number: 83-2531061

Entity Name: ACHIEVABLE ABILITIES SUPPORT SERVICES, LLC

Certificate of Status Desired: No

Date



05/01/2023

# 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT