

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000268546

Entity Name: ACHIEVABLE ABILITIES SUPPORT SERVICES, LLC**Current Principal Place of Business:**6727 1ST AVE S
SUITE 209
SAINT PETERSBURG , FL 33707**Current Mailing Address:**6727 1ST AVE S
SUITE 209
SAINT PETERSBURG , FL 33707 US**FEI Number:** 83-2531061**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CRISTAL, BEN
4905 W. LAUREL STREET
SUITE 200
TAMPA, FL 33607 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:** BEN CRISTAL

05/01/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | |
|-----------------|-----------------------------|
| Title | P |
| Name | ELLIS, NICHOLAS |
| Address | 6727 1ST AVE S SUITE 209 |
| City-State-Zip: | SAINT PETERSBURG FL 33707 |

| | |
|-----------------|-----------------------------|
| Title | VP |
| Name | CHRISTIANSON, JOSEPH |
| Address | 6727 1ST AVE S SUITE 209 |
| City-State-Zip: | SAINT PETERSBURG FL 33707 |

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**OWNER**

05/01/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date