

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000129848

Entity Name: ABA LEARNING THERAPY LLC

Current Principal Place of Business:

2901 NW 24TH AVE
CAPE CORAL, FL 33993

Current Mailing Address:

2901 NW 24TH AVE
CAPE CORAL, FL 33993 US

FEI Number: 83-4290045

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHACON, MARIE
2901 NW 24TH ST
CAPE CORAL, FL 33993 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 AM
Name CHACON, MARIE
Address 2901 NW 24TH ST
City-State-Zip: CAPE CORAL FL 33993

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: MARIE CHACON

AM

03/27/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date