

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000129848

**Entity Name:** ABA LEARNING THERAPY LLC

**Current Principal Place of Business:**

2901 NW 24TH ST  
CAPE CORAL, FL 33993

**Current Mailing Address:**

2901 NW 24TH ST  
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

04/03/2023

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date