

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000116359

Entity Name: I & D ABA THERAPY, LLC

Current Principal Place of Business:

515 CANTON AVENUE
LEHIGH ACRES, FL 33972

Current Mailing Address:

515 CANTON AVENUE
LEHIGH ACRES, FL 33972 US

FEI Number: 85-0949987

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHOW, MYRIAM
515 CANTON AVENUE
LEHIGH ACRES, FL 33972 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 AP
Name CHOW, MYRIAM
Address 515 CANTON AVENUE
City-State-Zip: LEHIGH ACRES FL 33972

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: MYRIAM CHOW

AP

04/14/2024

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date