

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000267030

Entity Name: ANA ABA THERAPY LLC

Current Principal Place of Business:

2905 SIERRA PINE DR
LAKE WORTH, FL 33462

Current Mailing Address:

2905 SIERRA PINE DR
LAKE WORTH, FL 33462

FEI Number: 85-2733143

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GONZALEZ DELGADO, ANA T
2905 SIERRA PINE DR
LAKE WORTH, FL 33462 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 MGR
Name GONZALEZ DELGADO, ANA T
Address 2905 SIERRA PINE DR
City-State-Zip: LAKE WORTH FL 33462

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: ANA T GONZALEZ DELGADO

03/07/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date