

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000349396

Entity Name: BLUEMIND ABA THERAGROUP LLC

Current Principal Place of Business:

1700 N DIXIE HWY
SUITE 100
BOCA RATON, FL 33432

Current Mailing Address:

1700 N DIXIE HWY
SUITE 100
BOCA RATON, FL 33432

FEI Number: 87-2046046

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEON YANES, MARIO M
11760 SW 42ND ST UNIT # 274
MIRAMAR, FL 33025 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	AMBR	Title	AMBR
Name	LEON, ANNIE	Name	LLANO, MANUEL A
Address	11760 SW 42ND ST UNIT # 274	Address	611 SW 67TH AVE
City-State-Zip:	MIRAMAR FL 33025	City-State-Zip:	MIAMI FL 33144
Title	AMBR		
Name	LEON YANES MARIO M.		
Address	11760 SW 42ND ST #274		
City-State-Zip:	MIRAMAR FL 33025		

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: LEON YANES , MARIO , M

AMBR

01/03/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date