

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000155766

**Entity Name:** SCHOOL OF ABA LLC

**Current Principal Place of Business:**

4711 NW 79TH AVE  
STE 20T  
DORAL, FL 33166

**Current Mailing Address:**

4711 NW 79TH AVE  
STE 20T  
DORAL, FL 33166 US

**FEI Number:** 88-1523794

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

VELEZ, NATALIA A  
4711 NW 79TH AVE  
STE 20T  
DORAL, FL 33166 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, PRESIDENT  
Name VELEZ, NATALIA A  
Address 4711 NW 79TH AVE  
STE 20T  
City-State-Zip: DORAL FL 33166

*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:** NATALIA VELEZ

MGR

02/08/2024

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

\_\_\_\_\_  
Date