

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000222732

Entity Name: REFLECTION SERVICES ABA THERAPY LLC

Current Principal Place of Business:

1418 MICHIGAN DRIVE
LAKE WORTH, FL 33461

Current Mailing Address:

1418 MICHIGAN DRIVE
LAKE WORTH, FL 33461

FEI Number: 88-2256065

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAVIN, YELAINE
4622 VESPASIAN CT
LAKE WORTH, FL 33463 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
Name LAVIN, YELAINE
Address 1418 MICHIGAN DRIVE
City-State-Zip: LAKE WORTH FL 33461

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: YELAINE LAVIN

AMBR

02/07/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date