

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000331098

Entity Name: ARTEAGA AUTISM ABA LLC

Current Principal Place of Business:

2327 SHERBROOKE DRIVE NE
ATLANTA, GA 39345

Current Mailing Address:

PO BOX 46371
TAMPA, FL 33646 UN

FEI Number: 88-3463419

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ARTEAGA, ANGELA
420 46TH ST NW
BRADENTON, FL 34209 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 CEO
Name ARTEAGA, ANGELA
Address PO BOX 46371
City-State-Zip: TAMPA FL 33646

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: ANGELA ARTEAGA

CEO

04/26/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date