

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000502133

**Entity Name:** THE VILLAGE ABA LLC

**Current Principal Place of Business:**

133 HOSPITAL DR NE  
FORT WALTON BEACH, FL 32548

**Current Mailing Address:**

PO BOX 6105  
NAVARRE, FL 32566 US

**FEI Number:** 92-1224831

**Certificate of Status Desired:** No

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

UNITED STATES CORPORATION AGENTS, INC.  
476 RIVERSIDE AVE.  
JACKSONVILLE, FL 32202 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	MANAGER
Name	SUTTON, MICAH T	Name	SUTTON, ADELLE
Address	9401 PALMETTO RIDGE CT	Address	9401 PALMETTO RIDGE COURT
City-State-Zip:	NAVARRE FL 32566	City-State-Zip:	NAVARRE FL 32566

*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:** MICAH SUTTON

**OWNER**

**02/04/2024**

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

\_\_\_\_\_  
Date