

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000075691

**Entity Name:** ALLEVIATING BEHAVIORAL CHALLENGES WITH ABA LLC

**Current Principal Place of Business:**

1905 LONG AVENUE  
PORT ST. JOE, FL 32456

**Current Mailing Address:**

1905 LONG AVENUE  
PORT ST. JOE, FL 32456 US

**FEI Number:** 92-2441210

**Certificate of Status Desired:** No

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

ZENBUSINESS INC.  
336 E. COLLEGE AVE.  
SUITE 301  
TALLAHASSEE, FL 32301 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            CORTELLESSO, ASHLEY  
Address        1905 LONG AVENUE  
City-State-Zip: PORT ST. JOE FL 32456

*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:** ASHLEY CORTELLESSO

**OWNER/BCBA**

**07/22/2024**

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

\_\_\_\_\_  
Date