

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000241645

Entity Name: TRUST ABA THERAPY LLC

Current Principal Place of Business:

6404 ELDORADO DR
TAMPA, FL 33615

Current Mailing Address:

6404 ELDORADO DR
TAMPA, FL 33615 US

FEI Number: 93-1651631

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DELGADO TOLEDO, CLAUDIA
6404 ELDORADO DR
TAMPA, FL 33615 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
Name DELGADO, CLAUDIA
Address 6404 ELDORADO DR
City-State-Zip: TAMPA FL 33615

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: CLAUDIA DELGADO

04/03/2025

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date