

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000442205

Entity Name: MO ABA THERAPY, LLC

Current Principal Place of Business:

4190 SAN MARINO BLVD
APT 108
WEST PALM BEACH, FL 33409

Current Mailing Address:

4190 SAN MARINO BLVD
APT 108
WEST PALM BEACH, FL 33409 US

FEI Number: 93-3660244

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

OLIVA BACALLAO, MARCOS A
4190 SAN MARINO BLVD
APT 108
WEST PALM BEACH, FL 33409 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 OLIVA BACALLAO, MARCOS A
Address 4190 SAN MARINO BLVD APT. 108
City-State-Zip: WEST PALM BEACH FL 33409

Title AMBR
Name OLIVA, MARCOS A
Address 4190 SAN MARINO BLVD APT. 108
City-State-Zip: WEST PALM BEACH FL 33409

Title AP
Name OLIVA, MARCOS A
Address 4190 SAN MARINO BLVD APT. 108
City-State-Zip: WEST PALM BEACH FL 33409

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: MARCOS OLIVA

MGR

03/06/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date