

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000486485

**Entity Name:** ADVENTUROUS MINDS ABA THERAPY LLC

**Current Principal Place of Business:**

11400 W FLAGLER STREET  
205  
MIAMI, FL 33174

**Current Mailing Address:**

11400 W FLAGLER STREET  
205  
MIAMI, FL 33174

**FEI Number:** 93-4116879

**Certificate of Status Desired:** No

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

CASTELLANOS GARCIA, YISEL  
11400 W FLAGLER STREET  
205  
MIAMI, FL 33174 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	AMBR
Name	CASTELLANOS GARCIA, YISEL	Name	HERNANDEZ, JULIA M
Address	11400 W FLAGLER STREET UNIT 205	Address	11400 W FLAGLER STREET UNIT 205
City-State-Zip:	MIAMI FL 33174	City-State-Zip:	MIAMI FL 33174

*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:** YISEL CASTELLANOS GARCIA

**PRESIDENT**

**01/22/2024**

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

\_\_\_\_\_  
Date