

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L24000118477

Entity Name: ABI AIDEN ABA THERAPY LLC

Current Principal Place of Business:

7165 SW 136 CT
MIAMI, FL 33183

Current Mailing Address:

7165 SW 136 CT
MIAMI, FL 33183 US

FEI Number: 99-1913647

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REICH, SABRINA
7165 SW 136 TH CT
MIAMI, FL 33183 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 REICH, SABRINA
Address 7165 SW 136 CT
City-State-Zip: MIAMI FL 33183

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: SABRINA REICH

REGISTERED AGENT

03/13/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date