

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L24000347270

Entity Name: DIAZ ABA THERAPY LLC

Current Principal Place of Business:

1601 EAST 8TH AVENUE
HIALEAH, FL 33010

Current Mailing Address:

1601 EAST 8TH AVENUE
HIALEAH, FL 33010 US

FEI Number: 99-4462099

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DIAZ ALFONSO, LAZARO L
1601 EAST 8TH AVENUE
HIALEAH, FL 33010 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 P
Name DIAZ ALFONSO, LAZARO L
Address 1601 EAST 8TH AVE
City-State-Zip: HIALEAH FL 33010

Title P
Name DIAZ ALFONSO, LAZARO L
Address 1601 EAST 8TH AVE
City-State-Zip: HIALEAH FL 33010

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: LAZARO DIAZ ALFONSO

P

04/30/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date