

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M21000011206

Entity Name: HOPEBRIDGE AUTISM THERAPY, LLC

Current Principal Place of Business:

3500 DEPAUW BLVD
STE 3070
INDIANAPOLIS, IN 46268

Current Mailing Address:

3500 DEPAUW BLVD
STE 3070
INDIANAPOLIS, IN 46268 US

FEI Number: 20-2605791

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

URS AGENTS LLC
3458 LAKESHORE DRIVE
TALLAHASSEE, FL 32312 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	CEO	Title	CHIEF ADMINISTRATIVE OFFICER
Name	MAY, DENNIS	Name	SENF, HERB
Address	3500 DEPAUW BLVD STE 3070	Address	3500 DEPAUW BLVD STE 3070
City-State-Zip:	INDIANAPOLIS IN 46268	City-State-Zip:	INDIANAPOLIS IN 46268
Title	CHIEF CLINICAL OFFICER		
Name	SARNO, JANA		
Address	3500 DEPAUW BLVD STE 3070		
City-State-Zip:	INDIANAPOLIS IN 46268		

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: DENNIS MAY

**CHIEF EXECUTIVE
OFFICER**

04/02/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date