

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000380894

Entity Name: RAINBOW ABA THERAPY LLC

Current Principal Place of Business:

301 ROBERT AVE
LEHIGH ACRES, FL 33936

Current Mailing Address:

301 ROBERT AVE
LEHIGH ACRES, FL 33936

FEI Number: 88-4027952

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MORALES, YAMILA
301 ROBERT AVE
LEHIGH ACRES, FL 33936 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 MORALES, YAMILA
Address 301 ROBERT AVE
City-State-Zip: LEHIGH ACRES FL 33936

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: YAMILA MORALES

01/25/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date