

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000411647

Entity Name: PURE ABA THERAPY LLC

Current Principal Place of Business:

17237 NW 74TH PATH
HIALEAH, FL 33015

Current Mailing Address:

17237 NW 74TH PATH
HIALEAH, FL 33015 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OSSA, SANDRA
17237 NW 74TH PATH
HIALEAH, FL 33015 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 OSSA, SANDRA
Address 17237 NW 74TH PATH
City-State-Zip: HIALEAH FL 33015

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: SANDRA OSSA

MANAGER

05/01/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date