## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000495347

Entity Name: MY ABA THERAPY LLC

2711 SW 137TH AVE SUITE 93 MIAMI, FL 33175

**Current Principal Place of Business:** 

**FILED** Feb 06, 2024 **Secretary of State** 1217604002CC

## **Current Mailing Address:**

13804 SW 26TH TERRACE MIAMI, FL 33175 US

FEI Number: 92-1197146 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

YGLESIAS ALCARAZO, ERNESTO 13804 SW 26 TH TERRACE MIAMI, FL 33175 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

YGLESIAS ALCARAZO, ERNESTO Name

Address 13804 SW 26 TH TERRACE

City-State-Zip: MIAMI FL 33175

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.