

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000518222

**Entity Name:** ABA AUTISM CARE, LLC

**Current Principal Place of Business:**

994 W 3RD AVENUE  
APT 2  
HIALEAH, FL 33010

**Current Mailing Address:**

994 W 3RD AVENUE  
APT 2  
HIALEAH, FL 33010 US

**FEI Number:** 93-4534030

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RIVERO CANCIO, LEYANYS  
994 W 3RD AVENUE  
APT 2  
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 MGR  
Name RIVERO CANCIO, LEYANYS  
Address 994 W 3RD AVENUE, APT 2  
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:** LEYANYS RIVERO CANCIO

MGR

02/28/2024

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date