

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000099316

**Entity Name:** L & D AUTISM DISORDER CORP

**Current Principal Place of Business:**

24634 SW 115 CT  
HOMESTEAD, FL 33032

**Current Mailing Address:**

24634 SW 115 CT  
HOMESTEAD, FL 33032

**FEI Number:** 87-3703976

**Certificate of Status Desired:** No

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

MARIA CLAUDIA HARRISON  
24634 SW 115 CT  
HOMESTEAD, FL 33032 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

**Officer/Director Detail :**

Title P  
Name MARIA CLAUDIA HARRISON  
Address 24634 SW 115 CT  
City-State-Zip: HOMESTEAD FL 33032

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARIA CLAUDIA HARRISON

P

02/03/2023

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date