

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000155368

**Entity Name:** THE DYSLEXIA CODE LLC

**Current Principal Place of Business:**

4160 CATALPHA AVENUE  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

4160 CATALPHA AVENUE  
PALM BEACH GARDENS, FL 33410 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

PETTIFOR, DANIELLE E  
4160 CATALPHA AVENUE  
PALM BEACH GARDENS, FL 33410 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            OWNER  
Name            PETTIFOR, DANIELLE E  
Address        4160 CATALPHA AVENUE  
City-State-Zip: PALM BEACH GARDENS FL 33410

*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:** DANIELLE PETTIFOR

OWNER

02/24/2024

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

\_\_\_\_\_ Date