2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
03 OCT -6 AM 8:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L02000034598

1. Entity Name
THE DVORAK DIFFERENCE, L.L.C.

Principal Place of Business	Mailing Address
2166 OAK FOREST LANE PALM HARBOR FL 34683	2166 OAK FOREST LANE PALM HARBOR FL 34683

2. Principal Place of Business	3. Mailing Address
29259 US Hwy 19N	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clearwater, FL	City & State
Zip: 33761 Country: USA (Pinellas)	Zip Country

10/6 ☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 11-3703492 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DVORAK, JOAN M 2166 OAK FOREST LANE PALM HARBOR FL 34683	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DVORAK, JOAN M 2166 OAK FOREST LANE PALM HARBOR FL 34683 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 500023909175 10/17/03--01061--013 **50.00
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: Joan Moore Dvorak 9/2/03 727-424-5560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083 (4/03)