

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000000812

Entity Name: DIFABILITIES, LLC

**FILED**  
**May 02, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

9550 ISLAMORADA TERRACE  
BOCA RATON, FL 33496

**New Principal Place of Business:**

**Current Mailing Address:**

9550 ISLAMORADA TERRACE  
BOCA RATON, FL 33496

**New Mailing Address:**

FEI Number: 61-1428881      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

SCHOEN, BARBARA  
9550 ISLAMORADA TERRACE  
BOCA RATON, FL 33496      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

**MANAGING MEMBERS/MANAGERS:**

Title: RA  
Name: SCHOEN, BARBARA A  
Address: 9550 ISLAMORADA TERRACE  
City-St-Zip: BOCA RATON, FL 33496 US

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: BARBARA SCHOEN

RA

05/02/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date