

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000002775

FILED  
Sep 04, 2005  
Secretary of State

**Entity Name:** DOCUMENT CONSULTING SERVICES, L.L.C.

**Current Principal Place of Business:**

610 N. M STREET  
LAKE WORTH, FL 33460

**New Principal Place of Business:**

**Current Mailing Address:**

610 N. M STREET  
LAKE WORTH, FL 33460

**New Mailing Address:**

**FEI Number:** 65-0998464      **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:**

SCHLAFF, GREGORY  
610 N. M STREET  
LAKE WORTH, FL 33460      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: MGRM      ( ) Delete  
Name: SCHLAFF, GREGORY  
Address: 610 N. M STREET  
City-St-Zip: LAKE WORTH, FL 33460

Title: MGRM      ( ) Delete  
Name: ISAAC, JOHN  
Address: 7675 NW 71ST TERRACE  
City-St-Zip: PARKLAND, FL 33067

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN ISAAC

MGRM

09/04/2005

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