

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000047402**

1. Entity Name  
**PDFLEGALFORMS LLC**



Principal Place of Business

4 CARRICK ROAD  
PALM BEACH GARDENS, FL 33418

Mailing Address

4 CARRICK ROAD  
PALM BEACH GARDENS, FL 33418



03282005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HENNEBERGER, JOHN A ESQ.  
4 CARRICK ROAD  
PALM BEACH GARDENS, FL 33418

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME HENNEBERGER, JOHN A ESQ.  
STREET ADDRESS 4 CARRICK ROAD  
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

TITLE MGRM  
NAME HENNEBERGER, JOHN A JR ESQ  
STREET ADDRESS 87 HARDING STREET  
CITY-ST-ZIP KENSINGTON, CT 06037

TITLE MGRM  
NAME HENNEBERGER, DAVID  
STREET ADDRESS 1053 LINSEY LANE  
CITY-ST-ZIP HAGERSTOWN, MD 21742

TITLE MGRM  
NAME GREEN, DAMON  
STREET ADDRESS 7240 SOMERSWORTH DRIVE  
CITY-ST-ZIP ORLANDO, FL 32835

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000281120  
03/30/05-80047-003 50.00

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

*John A. Henneberger*  
John A. HENNEBERGER

March 28, 2005

(561) 694 6622  
HOME PHONE