

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000133665

Entity Name: PD SOFT, L.L.C.

**FILED**  
**Mar 22, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1601 NORTH PALM AVENUE  
209-D  
PEMBROKE PINES, FL 33026

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 260862  
PEMBROKE PINES, FL 33026

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

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

DILLARD, PATRICE  
290 N.W. 183RD STREET  
MIAMI GARDENS, FL 33169 US

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

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  
Name: DILLARD, PATRICE  
Address: P.O.BOX 260862  
City-St-Zip: PEMBROKE PINES, FL 33026

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: PATRICE DILLARD

MGRM

03/22/2012

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