

L03000024947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

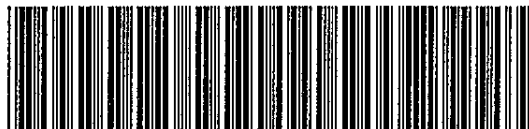
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3p

**Jonathan S. Balboni**

3525 South Ocean Blvd. #107  
Palm Beach, FL.  
33480

March 12, 2004

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL. 32314

Dear Sir or Madam:

This letter is to request the dissolution of SoftwareLoft.com LLC. Please process my request as specified in the filing and send any replies or requests to:

Jonathan S. Balboni  
3525 South Ocean Blvd. #107  
Palm Beach, FL. 33480

Phone: (561) 585-2995

Sincerely,



Jonathan S. Balboni  
Managing Member  
& Registered Agent

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**ARTICLES OF DISSOLUTION  
FOR  
A FLORIDA LIMITED LIABILITY COMPANY**

1. The name of the limited liability company is SoftwareLoft.com, LLC

2. The effective date of the limited liability company's dissolution is 3/10/2004

3. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to Section 608.441, Florida Statutes, (copy of 608.441 on back of cover letter).

Members consented to a voluntary dissolution  
of the LLC due to lack of time necessary  
to operate the business.

**4. CHECK ONE:**

☐ All debts, obligations and liabilities of the limited liability company have been paid or discharged.

**-OR-**

☒ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

5. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

**6. CHECK ONE:**

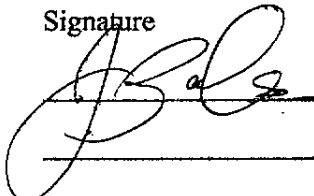
☒ There are no suits pending against the company in any court.

**-OR-**

☐ Adequate provision has been made for the satisfaction of any judgment, order or decree, which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Typed or Printed name

Jonathan S. Balboni  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Filing Fee: \$25.00**

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