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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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SEP 04 2015

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: A+ Software, LLC	
(Name of Limi	ited Liability Company)
The enclosed member, resignation or dissociate	ation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
Celia Swanson	
(Contact Person)	<del></del>
A+ Software, LLC	
(Firm/Company)	
19821 NW 2nd Avenue	
(Address)	
Miami, FL 33169	
(City/State and Zip Code)	<del></del>
For further information concerning this matter	er, please call:
Celia Swanson	954 482-6003
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to ☐ \$25 Filing Fee	the Florida Department of State for:  \$\begin{align*} \begin{align*} align
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability company as	it appears on the records of the Florid	la Department	
of State is:	Software, LLC		·	
2. The Florida doc	•	ssigned to this limited liability compar	ıy is:	
3. The date this me	ember/manager withdrew/res	igned or will withdraw/resign is:	2, 2012	
4. I, Ronald Swar	nson	, hereby withdraw/resign as a		
Mgr	iume of Person Resigning)			
	(Print Title)			
of this limited lia resignation in wr	= -	e limited liability company has been n	notified of my	
bonald	Svanson		ECRE	
Signature of D	issociating Member or Resig	ning Manager	AUG 27 F CRETARY C AHASSEE	
	\$25.00 (Required) \$30.00 (Optional)		PM 2: 5 Of STAT	0.00
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