

L14000195159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

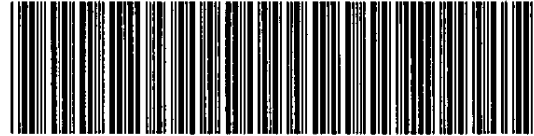
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/21/18--01028--005 **25.00

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2018 APR 24 AM 11:22

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APR 26 2018
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: YOUR EXECUTIVE SPECIALISTS, LLC
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHERYL BLEDSOE
(Name of Person)

YOUR EXECUTIVE SPECIALISTS, LLC
(Firm/Company)

1108 SOUTH WASHINGTON AVENUE
(Address)

TITUSVILLE, FL 32780
(City/State and Zip Code)

For further information concerning this matter, please call:

CHERYL BLEDSOE at (321) 383-8464
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

YOUR EXECUTIVE SPECIALISTS, LLC

2. The Articles of Organization were filed on 12/19/2014 and assigned

document number L 14000 195159

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

LCC HAD SINGLE CONTRACT; THIS
CONTRACT ENDED DECEMBER 31, 2017,
MEMBERS OF THE LLC ARE NO LONGER
INTERESTED IN PURSUING CONTRACTS,

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

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6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:


Signature

CHERYL BLEDSOE
Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: YOUR EXECUTIVE SPECIALISTS, LLC

Document number of Limited Liability Company is: L14000195159

Date of dissolution was: 12/31/2017

Description of information that must be included in a written claim:

LLC MUST RECEIVE INVOICE OF
DESCRIPTION OF SERVICES

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

1108 SOUTH WASHINGTON AVENUE
TITUSVILLE, FL 32780

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A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

CHERYL BLEDSOE
Printed Name of the Person Filing

C Cheryl Bledsoe
Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00