

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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		]	To:	Division of Corporation Fax Number : (850)6				
	m	S -	From:	Account Name : COMPUT Account Number : 110432 Phone : (561)6 Fax Number : (561)2	003053 94-8107			
	PM 2: 43	L LE STATE DRPORATION E.FLORIDA		LLC DISSOLUTION EXECUTIVE SO				 2024 APR
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The second states of the secon	L 11.
The name of a limited lia Executive Software, LLC	
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The Articles of Organizat	ion were filed on and assigned
document number1700	0036309
(effect Note: If the date inserted i	e the dissolution if not effective on the date of filing:
A description of occurren 605.0707. Florida Statutes	ce that resulted in the limited liability company's dissolution pursuant to section (copy 605.0707 on back cover letter).
The company's dissolution is	s a result of no business activity.
If there are no members, o	enter the name and address of the person appointed to wind up the company's
If there are no members, o activities and affairs:	enter the name and address of the person appointed to wind up the company's Craig Jensen
	Craig Jensen
	Craig Jensen
	Craig Jensen
activities and affairs:	Craig Jensen 611 S. Fort Harrison Avenue. Suite 357, Clearwater FL 33756
activities and affairs: Signature of an authorized	Craig Jensen 611 S. Fort Harrison Avenue, Suite 357, Clearwater FL 33756
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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: \_\_\_\_\_\_Executive software, LLC

Document number of Limited Liability Company is:

Date of dissolution was: \_\_\_\_\_

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

The name of the claimant, the date of the claim, the event giving rise to the claim, the amount claimed,

and the name, address and telephone number of the contact to whom the company should reply to

regarding the claim,

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

611 S. Fort Harrison Avenue, Suite 357, Clearwater FL 33756

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.

Craig Jensen

Signature of the Person Filing

Printed Name of the Person Filing

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