

L000000014554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

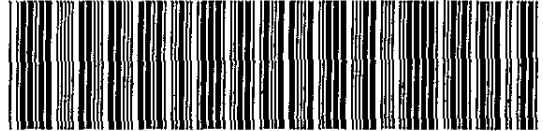
(Document Number)

Certified Copies 1 Certificates of Status 1

Special Instructions to Filing Officer:

5/2 cligs.  
cc+ WS  
L-14554

Office Use Only



300017186233



05/05/03--01008--008 \*\*60.00

FILED  
03 MAY '2 AM 8:50  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**24/7**  
**SOFTWARE**

24/7 Software LC  
1897 PALM BEACH LAKES BLVD  
WEST PALM BEACH, FL 33409  
U.S.A.

---

Date: Jan-16-2003

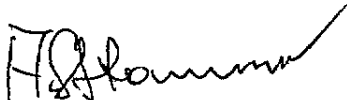
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Voluntary dissolution

Dear Sir/Madam:

Please find attached the forms to dissolve the 24/7 Software, a Florida limited liability company.

Cordially,



A.S. Stravs / Partner

ATTACHED 60 \$ FOR

- 1) FILING
- 2) CERTIFIED COPY
- 3) CERT. OF STATUS

PLS MAIL EVERYTHING TO THE ABOVE ADDRESS

THANKS !

(305) 418 5025

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

1. The name of the limited liability company is 24/7 Software LC

2. The effective date of the limited liability company's dissolution is 03 | 15 | 2003

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).

Voluntary dissolution

**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

Alexander S. Stravs

ALEXANDER S. STRAVS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Filing Fee: \$25.00

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

03 MAY '2 AM 8:50

FILED