

**2026 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000019897

**Entity Name:** NEUROSOFTWARE, LLC

**Current Principal Place of Business:**

1 8TH AVENUE #1203  
INDIALANTIC, FL 32903

**Current Mailing Address:**

P.O. BOX 33111  
INDIALANTIC, FL 32903 US

**FEI Number: 01-0585152**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

FRESE, GARY B  
2200 FRONT STREET  
SUITE 301  
MELBOURNE, FL 32901 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	GETTINGS, HAL S	Name	ALEXANDER, EARL ROBERT
Address	1 8TH AVENUE #1203	Address	410 WENTWORTH DOWNS COURT
City-State-Zip:	INDIALANTIC FL 32903	City-State-Zip:	DULUTH GA 30097

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: EARL R ALEXANDER**

**MANAGER**

**02/01/2026**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date