

L02000017881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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09/15/14--01008--016 \*\*25.00

FILED  
14 SEP 15 AM 10:34  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

SEP 18 2014  
T. HAMPTON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Perfect Score 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:

Mark J. Slepín

(Name of Person)

Perfect Score LLC

(Firm/Company)

626 Masters Way

(Address)

Palm Beach Gardens, Florida 33418-8493

(City/State and Zip Code)

For further information concerning this matter, please call:

Mark J. Slepín

(Name of Person)

at ( 561 ) 629-3047  
(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

Perfect Score LLC

2. The Articles of Organization were filed on 07/16/2002 and assigned

document number L02000017881

3. The delayed effective date the dissolution if not effective on the date of filing: 09/18/2014  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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).

1) slowing business conditions and decreasing demand for company's services

2) managing member's decision to focus on other professional and family matters

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

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:

Mark Jeffrey Slep

Signature

Mark Jeffrey Slep

Printed Name

**FILING FEE: \$25.00**

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## 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: Perfect Score LLC

Document number of Limited Liability Company is: L02000017881

Date of dissolution was: 09/18/2014 - effective on

9/15/14 - Filed  
Description of information that must be included in a written claim:

nature of claim against Perfect Score LLC

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

626 Masters Way

Palm Beach Gardens, FL 33418-8493

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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.

Mark Jeffrey Slepín

Printed Name of the Person Filing

Mark Jeffrey Slepín

Signature of the Person Filing

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