

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000073203

FILED
Jan 07, 2009
Secretary of State

Entity Name: SCORED ONE LLC

Current Principal Place of Business:

781 PARKSIDE CIRCLE NORTH
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

781 PARKSIDE CIRCLE NORTH
BOCA RATON, FL 33486

New Mailing Address:

FEI Number: 20-3150252

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANCINI, CAROLINE
20-315781 PARKSIDE CIRCLE NORTH
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

MANCINI, CAROLINE
781 PARKSIDE CIRCLE NORTH
BOCA RATON, FL 33486 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:

01/07/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MANCINI, ANTHONY J
Address: 2727 N. OCEAN BLVD., #A-103
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM () Delete
Name: MANCINI, JEFFREY J
Address: 781 PARKSIDE CIRCLE NORTH
City-St-Zip: BOCA RATON, FL 33486

Title: MGRM () Delete
Name: MANCINI, CAROLINE M
Address: 781 PARKSIDE CIRCLE NORTH
City-St-Zip: BOCA RATON, FL 33486

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: CAROLINE M MANCINI

MGRM

01/07/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date