#13000/46284

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2014 MAR 14 PM 4: 25
SECRETARY OF STATE

K.SALY EXAMINER MAR 202014

COVER LETTER

Division o	of Corporations				
SUBJECT:	SCORE	SOS LLC (Name of Limited I	Liability Company)		
The enclosed Artic	les of Dissolution and fo	ee(s) are submitted	for filing.		
Please return all co	rrespondence concernin	ng this matter to the	following:		
_	ADRIAN	HANSRA	J	<u>-</u>	
		(Name o	(Person)		
	Sc	ORE SOS Z (Firm/C	LC		
		(Firm/C	ompany)		
_	3607 STA	ARBOARD	AVE,		
_	HOLLYWOO	D, FL 330	26		
	,	/ (City/State a	nd Zip Code)		
For further informa	ation concerning this ma	tter, please call:			
ADRI	AN HANSEA	T	at (954)	815-5666 Daytime Telephone Number	
	(Name of Person)	(Area Code &	Daytime Telephone Number)
Enclosed is a check f	or the following amount:				
\$25.00 Fili	ng Fee and Certificate of I	Dissolution		Certificate of Dissolution & 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

FILED

1. The name of a limited liability of		2014 MAR 14	PM 4: 25
Scor	E SOS LLC	SECRETARY	
2. The Articles of Organization we	ere filed on 10/17/20	TALL AHASSE and assigned	UF STATE E. FLORID:
document number <u>L1300</u>	00146284		
3. The delayed effective date the content of the delayed effective date	dissolution if not effective on the cannot be prior to or more than 90 days	date of filing:ater than date document is received for	filing)
4. A description of occurrence tha 605.0707, Florida Statutes, (cop	t resulted in the limited liability cy 605.0707 on back cover letter).	ompany's dissolution pursuant to	o section
Never start	ed a business and	1 therefore	
dissolut	ion of Score s	os LLC.	
5. If there are no members, enter t activities and affairs:	he name and address of the person	n appointed to wind up the comp	any's
			
-		 	
6. Signature of an authorized perslisted above to wind up the compa	on or if there are no members, the ny's activities and affairs:	signature of the person appointe	ed and
A: Hamoras	ADA	Printed Name	
Signature /		Printed Name	·

FILING FEE: \$25.00