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(Requestor's Name)

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(Address)

\_\_\_\_\_  
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\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

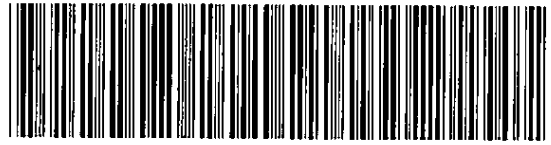
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FL

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ScoreUnion, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L17000090353

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sarah Balen  
Name of Person

MyCompanyWorks, Inc.  
Name of Firm/Company

187 E. Warm Springs Rd., Suite B  
Address

Las Vegas, NV 89119  
City/State and Zip Code

filings@mycompanyworks.com  
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE  
TALLAHASSEE, FL

For further information concerning this matter, please call:

Sarah Balen at ( 702 ) 362-2677  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Registered Agent Solutions, Inc., hereby resigns as  
Name of Registered Agent

Registered Agent for ScoreUnion, LLC  
Name of Limited Liability Company

L17000090353  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

/s/ Jennifer Peters  
Signature of Resigning Agent

If signing on behalf of an entity:

Jennifer Peters  
Typed or Printed Name  
Assistant Secretary of Registered Agent Solutions, Inc.  
Capacity

2021 JUN 28 AM 4:15  
SECRETARY OF STATE  
TALLAHASSEE, FL

**FILING FEES:**  
\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314