

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L17000090353

1. Limited Liability Company's Name
Scoreunion LLC

2. Principal Office Address - No P.O. Box #
2140 S Dixie Hwy

Suite, Apt. #, etc.
301C

City & State
Miami, FL

Zip
33133

Country
U.S.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

8. Name and Address of Current Registered Agent

Name

Registered Agent Solutions, Inc.

Street Address (P.O. Box Number is Not Acceptable) Suite,

2894 Remington Green Ln., Ste. A

Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32308

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of

Registered Agent /s/ Ricardo Orozco

Ricardo Orozco, Assistant Secretary of Registered Agent Solutions, Inc.

Date 10/28/2024

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MBR	Brandon Barroso	1910 SW 17 ST	Miami, FL 33145
MBR	Deandre Irizarry	3001 NW 28th St	Miami, FL 33142

11. E-mail Address: Rushmoremovers@gmail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Brandon Barroso MBR

Date

10/30/2024

Daytime Phone #

305-244-1840

Typed or printed name of signing authorized representative/member

Brandon Barroso / Deandre Irizarry

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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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