

LDL 000101002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

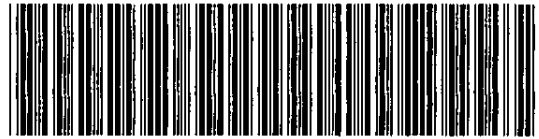
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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NOV 20 2008

EXAMINER

LAURA A. VOGEL, P.A.

ATTORNEY AT LAW

November 17, 2008

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: SBJZ Enterprises, LLC
Document No. L06000101002

Dear Sir/Madam:

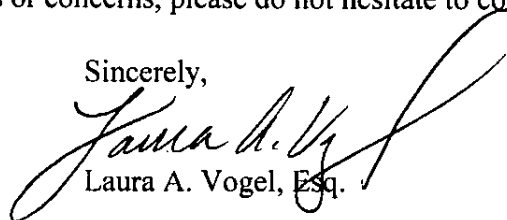
I have enclosed for filing the following documents as they pertain to the above referenced entity:

1. Resignation of Registered Agent For a Limited Liability Company; and
2. Resignation of Managing Member

In addition, I have enclosed my client's check no. 377, in the amount of Fifty and No/100 (\$50.00) Dollars, representing your fees for filing the above referenced documents.

Should you have any questions or concerns, please do not hesitate to contact this office.

Sincerely,


Laura A. Vogel, Esq.

Enclosures

WPDocs\Corporations\Barhoush\SBJZDivofCorp11-17-08

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SBJZ Enterprises, LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: L06000101002

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:

Laura A. Vogel, Esq.
(Name of Person)

Laura A. Vogel, P.A.
(Name of Firm/Company)

1035 S. State Road 7, Suite C-215
(Address)

Wellington, Florida 33414
(City/State and Zip Code)

For further information concerning this matter, please call:

Laura A. Vogel, Esq. at (561) 792-7115
(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:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

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TALLAHASSEE, FLORIDA

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Samar Barhoush

(Name of Registered Agent)

Registered Agent for SBJZ Enterprises, LLC

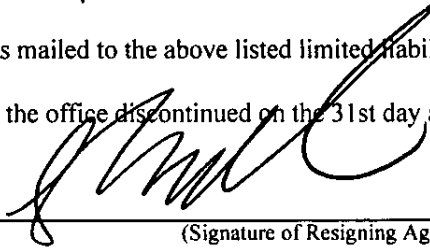
(Name of Limited Liability Company)

L06000101002

(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.



(Signature of Resigning Agent)

If signing on behalf of an entity:

Samar Barhoush

(Typed or Printed Name)

Previous Partner

(Capacity)

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TALLAHASSEE, FLORIDA

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