L01000021537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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RA Resignation

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2009 MAR 25 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AR 3/25/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SB & Associates, LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: L0100021537

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:

Antonella Brancato
(Name of Person)

SB & Associates, LLC
(Name of Firm/Company)

PO Box 480334
(Address)

Fort Lauderdale, FL 33348
(City/State and Zip Code)

For further information concerning this matter, please call:

Antonella Brancato (Name of Person) at (954) 565-8715 (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$85.00 for an active limited liability company or $25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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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SECRETARY OF STATE
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,

John A. Van Ness, Esq. , hereby resigns as
(Name of Registered Agent)

Registered Agent for SB & Associates, LLC

(Name of Limited Liability Company)

L0100021537
(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:

(Typed or Printed Name)

(Capacity)

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$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

INHS17 (08/05)