

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000007998

Entity Name: SZ ENTERPRISES, LLC

FILED
Oct 19, 2008
Secretary of State

Current Principal Place of Business:

1405 MALLARD GREEN COURT
JACKSONVILLE, FL 32259

New Principal Place of Business:

Current Mailing Address:

445 STATE RD 13 N
24
FRUIT COVE, FL 32259

New Mailing Address:

FEI Number: 75-3225699 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JACQUELINE, VALLE
530 SCRUB JAY DRIVE
ST. AUGUSTINE, FL 32092 US

Name and Address of New Registered Agent:

SUSAN, ZAPATER
1405 MALLARD GREEN CT
JACKSONVILLE, FL 32259 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SUSAN ZAPATER

10/19/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SUSAN, ZAPATER
Address: 1405 MALLARD GREEN CT
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGR () Delete
Name: JACQUELINE, VALLE
Address: 530 SCRUB JAY DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32092

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: JACQUELINE, ZAPATER
Address: 530 SCRUB JAY DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32092

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SUSAN ZAPATER

MGRM

10/19/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date