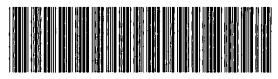
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| (Red | questor's Name) | |
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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COVER LETTER

| TO: | Amendment Section Division of Corporations |
|--------------------------|--|
| SUBJ | ECT: LEGACY BUILDERS, INC. |
| | (Name of Corporation) |
| DOC | UMENT NUMBER: K31394 |
| The e | nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing. |
| Please | e return all correspondence concerning this matter to the following: |
| Eliza | abeth M. Stehler |
| | (Name of Person) |
| Harl | ter Secrest & Emery LLP |
| | (Name of Firm/Company) |
| 160 | 0 Bausch & Lomb Place |
| | (Address) |
| Roc | hester, New York 14604-2711 |
| | (City/State and Zip Code) |
| For fi | orther information concerning this matter, please call: |
| Eliza | abeth M. Stehler at (585) 231-1413 (Name of Person) (Area Code & Daytime Telephone Number) |
| • | (Name of Person) (Area Code & Daytime Telephone Number) |
| Enclo or \$3: | sed is a check made payable to the Florida Department of State for \$87.50 for an active corporation 5.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation. |
| Amer Divis: Clifto | Mailing Address: Amendment Section Amendment Section Division of Corporations n Building Executive Center Circle Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314 |

CR2E046(08/05)

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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of section | ns 607.0502(2), 617.0502(2), 607.1509, or 617 | .1509, | |
|--|---|---------------------------------------|-------------|
| Florida Statutes, the undersigned, | Timothy R. Parry | | |
| | (Name of Registered Agent) | | |
| hereby resigns as Registered Agent | for LEGACY BUILDERS, INC. | • | |
| , , , | (Name of Corporation) | , | |
| K31394 | | | |
| (Document Number, if known) | 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| A copy of this resignation was mail | led to the above listed corporation at its last known | own address. | |
| The agency is terminated and the of this statement is filed. | ffice discontinued on the 31st day after the date | on which | |
| | They RPC | | |
| | (Signature of Resigning Agent) | | |
| If signing on behalf of an entity: | | | |
| | | 2008 JUL 24 SECRETAR) TALLAHASS | |
| | (Typed or Printed Name) | | ATTENDED IN |
| | | 24 ARY SSE | |
| | (Capacity) | PF S | 6 |
| | | OR II | |

Fee for filing this document:

\$87.50 - Active corporation
\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

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