105000026751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS

JUN 29 2009

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LEGACY CONVERSIONS & HOLDINGS, SIERRA WEST L
Name of Limited Liability Company

DOCUMENT NUMBER: L05000026751

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:

ALFREDO GARCIA-MENOCAL
Name of Person

ALFREDO GARCIA-MENOCAL P.A.
Name of Firm/Company

730 NW 107 AVENUE SUITE 115
Address

MIAMI FL 33172
City/State and Zip Code

agmlaw@bellsouth.net
E-mail address: (to be used for future annual report notification)

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2009 JUN 26 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

CATALINA ASAD at (305) 553-3464
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$85.00 for an active limited liability company or $25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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,

ALFREDO GARCIA-MENOCAL P.A. , hereby resigns as
Name of Registered Agent .

Registered Agent for LEGACY CONVERSIONS & HOLDINGS, SIERRA WEST LLC

LEGACY CONVERSIONS & HOLDINGS, SIERRA WEST LLC ,
Name of Limited Liability Company

L05000026751
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:

ALFREDO GARCIA-MENOCAL
Typed or Printed Name

Capacity

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SECRETARY OF STATE
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

INHS17 (08/05)