

LO500054443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

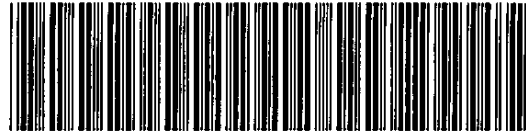
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/15/07--01014--023 **25.00

FILED
07 JUN 15 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PA
PA
[Signature]

CFRA, LLC
REGISTERED AGENT SERVICES
A SUBSIDIARY OF CARLTON FIELDS

Corporate Center Three at International Plaza
4221 W. Boy Scout Blvd, 10th Floor
Tampa, Florida 33607-5736

Mailing Address:
P. O. Box 3239
Tampa, Florida 33601-3239
Tel (813) 223-7000 Fax (813) 229-4133

June 13, 2007

Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

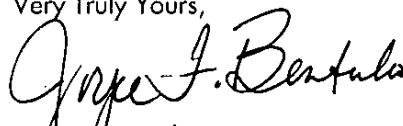
Re: RESIGNATION OF REGISTERED AGENT

Dear Sir:

Please find enclosed Resignation of Registered Agent forms for the entities named below, as well as a check from Carlton Fields for each resignation. Please do not hesitate to contact me should you have any questions.

Legacy Harbour, LLC	#420259	\$25.00
Legacy Harbour Manager, LLC	#420260	\$25.00
Rooney's Irish Pubs, Inc.	#420261	\$35.00

Very Truly Yours,


Joyce F. Bentubo
Secretary

JFB/rpd
Enclosures

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,

CFRA, LLC

(Name of Registered Agent)

, hereby resigns as

Registered Agent for LEGACY HARBOUR MANAGER, LLC

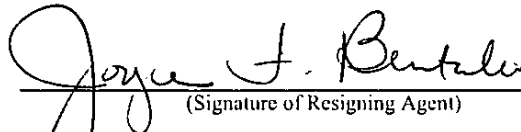
(Name of Limited Liability Company)

L05000054443

(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:

JOYCE F. BENTUBO

(Typed or Printed Name)

SECRETARY

(Capacity)

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07 JUN 15 AM 8:34
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