

04/30/2014 08

TO: +1 (850) 617-6383 FROM: 8132295946 Page

L030000038007

Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : GLENN RASMUSSEN, P.A.
Account Number : I19990000156
Phone : (813) 229-3333
Fax Number : (813) 229-5946

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**LLC DISSOLUTION OR WITHDRAWAL
FLORIDA WEST, LLC**

Certificate of Status	0
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FLORIDA WEST, LLC

ARTICLES OF DISSOLUTION

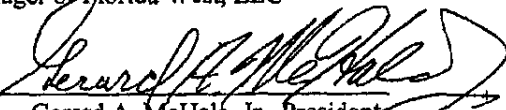
Florida West, LLC, a Florida limited liability company, adopts the following Articles of Dissolution pursuant to Section 605.0707, *Florida Statutes*:

1. The name of the limited liability company is Florida West, LLC.
2. The Articles of Organization of Florida West, LLC were filed on October 6, 2003, and assigned document number L03000038007.
3. The limited liability company's members and managers unanimously approved the limited liability company's dissolution by written consent, which is sufficient for approval.
4. The effective date of these Articles of Dissolution shall be the date when they are filed with the Florida Department of State.

DATE: April 29, 2014.

FLORIDA WEST, LLC

By: GERARD A. MCHALE, JR., P.A.,
as Successor Liquidating Trustee under
the Cugini Liquidating Trust Agreement
dated February 22, 2011, the sole
manager of Florida West, LLC

By: 
Gerard A. McHale, Jr., President

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FLORIDA WEST, LLC

NOTICE OF LIMITED LIABILITY COMPANY DISSOLUTION

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in Section 605.0712, *Florida Statutes*.

1. The name of the dissolved limited liability company is Florida West, LLC.
2. The document number of the limited liability company is L03000038007.
3. The effective date of the dissolution of the limited liability company was April 30, 2014.
4. The following information that must be included in a written claim:
 - (a) The name of the claimant;
 - (b) The mailing address of the claimant;
 - (c) The telephone number of the claimant;
 - (d) If the claimant is a limited liability company or other entity, the name of the person who should be contacted about the claim;
 - (e) The amount of the claim;
 - (f) The basis for the claim, including all material facts;
 - (g) The date when the claim arose; and
 - (h) The date when the claim became due and payable.
5. The mailing address where claims can be sent is as follows: (Claims cannot be sent to the Division of Corporations)

Florida West, LLC
c/o Gerard A. McHale, Jr. P.A.
1601 Jackson St. #200
Fort Myers, FL 33901
Attention: R. David Isley

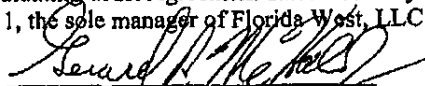
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TALLAHASSEE, FLORIDA

A claim against Florida West, LLC will be barred unless a proceeding to enforce the claim is commenced within four years after the filing of this notice.

DATE: April 29, 2014

FLORIDA WEST, LLC

By: **GERARD A. MCHALE, JR., P.A.**,
as Successor Liquidating Trustee under the Cugini
Liquidating Trust Agreement dated February 22,
2011, the sole manager of Florida West, LLC

By: 
Gerard A. McHale, Jr., President

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