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

From:

Account Name : ROGERS, TOWERS, BAILEY, ET AL  
Account Number : 076666002273  
Phone : (904)398-3911  
Fax Number : (984)396-0663

LLC DISSOLUTION OR WITHDRAWAL  
HARBINGER WEST, LLC

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**ARTICLES OF DISSOLUTION  
OF  
HARBINGER WEST, LLC**

Pursuant to Section 605.0707, Florida Statutes, **HARBINGER WEST, LLC**, a Florida limited liability company (the "Company"), submits the following Articles of Dissolution:

**ARTICLE I  
NAME**

The name of the Company is: **HARBINGER WEST, LLC**.

**ARTICLE II  
ADOPTION OF DISSOLUTION**

The occurrence that resulted in the Company's dissolution was the adoption of a resolution to dissolve the Company by unanimous written consent of the Members of the Company.

**ARTICLE III  
EFFECTIVE DATE**

The effective date of the dissolution will be on the date on which these Articles of Dissolution are filed by the Secretary of State of the State of Florida.

**IN WITNESS WHEREOF**, these Articles of Dissolution have been executed on behalf of the Company by its duly authorized Manager on 4-26, 2019.

**HARBINGER WEST, LLC**

By: \_\_\_\_\_

Roger S. Williams, II, Manager

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**NOTICE OF LIMITED LIABILITY COMPANY DISSOLUTION  
OF  
HARBINGER WEST, LLC**

This Notice of Limited Liability Company Dissolution is submitted by **HARBINGER WEST, LLC**, a dissolved Florida limited liability company (the "Company"), for resolution of payment of unknown claims against this Company as provided in Section 605.0712, Florida Statutes. Persons who have claims against the Company which are not known to the Company are requested to present them in accordance with this Notice.

1. Name of Limited Liability Company: **HARBINGER WEST, LLC.**
2. The date of dissolution will be the date the Articles of Dissolution are filed by the Department of State.
3. Description of information that must be included in a claim:
  - a. Name, address and phone number of Claimant;
  - b. The amount of the claim;
  - c. The date the claim arose; and
  - d. A description of the nature of the claim in sufficient detail so as to enable the Company to evaluate the merits of such claim.
4. Claims made pursuant to this notice must be in writing.
5. Mailing address where claims can be sent:  
5300 Shad Road  
Jacksonville, Florida 32257
6. A claim against the Company will be barred unless a proceeding to enforce the claim is commenced within four (4) years after the filing of this Notice of Limited Liability Company Dissolution.

**IN WITNESS WHEREOF**, this Notice of Limited Liability Company Dissolution has been executed on behalf of the Company by its Manager.

**HARBINGER WEST, LLC**

By: \_\_\_\_\_  
Roger S. Williams, II, Manager

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