

8/20/2018

Division of Corporations

**M13000003187**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

**\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

Email Address: \_\_\_\_\_

**LLC REGISTERED AGENT RESIGNATION  
HARBINGER PROCESSING GROUP LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

**RECEIVED**  
2018 JUN 20 PM 4:26  
**FILED**  
18 JUN 20 AM 9:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

NRAI SERVICES, INC.

Name of Registered Agent

, hereby resigns as

Registered Agent for HARBINGER PROCESSING GROUP LLC

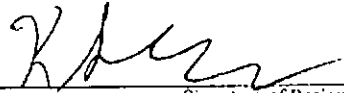
Name of Limited Liability Company

M13000003187

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:

NRAI Services, Inc. - Kate Seidita

Typed or Printed Name

Assistant Secretary

Capacity

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JUN 20 AM 9:25  
18  
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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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