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To:

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

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO
Account Number : I20010000078
Phone : (407) 843-8880
Fax Number : (407) 244-5690

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TALLAHASSEE, FLORIDA

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DISS/TERM/CANCEL/REV OF LP/LLP THE BRUNSON LIMITED PARTNERSHIP

Certificate of Status	0
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**CERTIFICATE FOR DISSOLUTION
OF
THE BRUNSON LIMITED PARTNERSHIP**

Pursuant to the provisions of §620.1203, Florida Statutes, THE BRUNSON LIMITED PARTNERSHIP, a Florida limited partnership, whose Certificate was filed with the Florida Department of State on February 26, 2001 (assigned Florida Document Number A01000000288) hereby submits this Certificate of Dissolution as follows:

1. The Limited Partnership has ceased to do business and therefore desires to dissolve, liquidate and wind up its business affairs.
2. A Notice of Dissolution is attached.
3. The Effective Date for the Dissolution shall be the date of the filing of this Certificate for Dissolution.

EXECUTED by the authorized Member-Manager of the sole General Partner of the Limited Partnership this 18 day of December, 2015.

GENERAL PARTNER:

BRUNSON, L.L.C.,
a Florida limited liability company

By: James T. Brunson
James T. Brunson, Member-Manager

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NOTICE OF DISSOLUTION FOR FLORIDA LIMITED PARTNERSHIP

This notice is submitted by the dissolved Limited Partnership named below for resolution of payment of unknown claims against this Limited Partnership as provided in §620.1807, Florida Statutes.

This "*Notice of Dissolution*" is optional and is not required when filing a Certificate of Dissolution.

The date of dissolution will be the date of the filing of the Certificate of Dissolution with the Florida Secretary of State.

The name of the Limited Partnership is **The Brunson Limited Partnership, a Florida limited partnership** (the "Limited Partnership").

This Notice of Dissolution requires that persons with claims against the Limited Partnership which are unknown to the Limited Partnership must be submitted in accordance with this Notice.

Any such claim against the Limited Partnership must include the following information:

Please describe with specificity the nature of the claim, the amount of the claim, the date that the claim arose and the date of discovery of the claim.

Mailing address where claims can be sent:

**The Brunson Limited Partnership
Post Office Box 7216
Lakeland, Florida 33807-7216**

A claim against the Limited Partnership will be barred unless a proceeding to enforce the claim is commenced within four (4) years after the filing of this Notice.

GENERAL PARTNER:

Brunson, L.L.C., a Florida limited liability company

By: 
James T. Brunson, Member-Manager

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