Florida Department of State Division of Corporations

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(((H120001307403)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: CUMMINGS & LOCKWOOD, LLC

Account Number: 102336001100

Phone Fax Number : (239)649-3101 : (239)430-3344

DISS/TERM/CANCEL/REV OF LP/LLP TCP INVESTMENT, LLLP

Certificate of Status	0
Certified Copy	0
Page Count	3
Estimated Charge	\$52.50

A. LUNT

MAY 15 2011

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CERTIFICATE OF DISSOLUTION FOR

TCP-INVESTMENT, LLLP (Name of Florida Limited F	artnership or Limited Liability Limited Partnership)	_ •
partnership or limited liability limit Florida Department of State on no	ted partnership, whose certificate was filed with the assigned Florida , hereby submits this Certificate of	
FIRST: Reason for dissolution: (2	State why partnership is submitting dissolution)	
Partners have unanimously agreed to	dissolve the Partnership	— (Sign
		<u> </u>
		- = :
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	(1)	- 3
SECOND: A Notice of Disso (Check box if atta		<u>ම</u>
THIRD: Effective date, if other than the	date of filing:	
(Effective date cannot be prior to nor more Department of State.)	e than 90 days after the date this document is filed by the Florida	2
Signatures of each general partner of s. 620:1803(3) or (4), F.S.	or the person appointed pursuant to	
Thies Pickenpack, as Manag	er of Conthi, LLC	-
Filing Fee:	\$52.50 852.50	
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75	

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NOTICE OF DISSOLUTION FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

This notice is submitted by the dissolved limited partnership or limited liability limited partnership named below or the successor entity for resolution of payment of unknown claims against this limited partnership or limited liability limited partnership as provided in s. 620.1807, F.S.

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

Dissolution. Name of Dissolved Limited Partnership or Limited Liability Limited Partnership: TCP INVESTMENT LLLP Description of information that must be included in a claim: (1) the name and address of the claimant; (2) the amount and nature of the claim; and (3) all other information material to the claim. Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.) CLASP, INC., 3001 TAMIAMI TRAIL NORTH, SUITE 400, NAPLES, FLORIDA 34103 A claim against the above named limited partnership or limited liability limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice. Signature of a general partner or a principal of the successor entity THIES PICKENPACK, Manager, CONTHI, LLC Printed Name

Fee: No charge if included with Certificate of Dissolution. If filed separately, \$52.50.