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

From: Account Name : CAPITOL SERVICES, INC.  
Account Number : 120160000017  
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**DISS/TERM/CANCEL/REV OF LP/LLP  
TPC NATIONS, LTD.**

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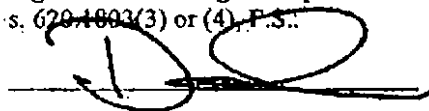
**CERTIFICATE OF DISSOLUTION  
FOR****TPC Nations, Ltd.**

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 7/6/1999, assigned Florida document number A99000001081, hereby submits this Certificate of Dissolution.

**FIRST:** Reason for dissolution: (State why partnership is submitting dissolution)

No further business purpose or activity

**SECOND:** ☐ A Notice of Dissolution is attached.  
(Check box if attached.)**THIRD:** Effective date, if other than the date of filing: \_\_\_\_\_*(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)*Signatures of each general partner or the person appointed pursuant to  
s. 620.1803(3) or (4), F.S.:

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