SOUTH CAROLINA
SECRETARY OF STATE

NOTICE OF DISSOLUTION BY A SOUTH CAROLINA LIMITED LIABILITY PARTNERSHIP

TYPE OR PRINT CLEARLY IN BLACK INK

1. Name of the limited liability partnership_____

   _____

   Date of LLP formation _____

2. Date of dissolution_____

3. Street and Mailing Address of the limited liability partnership

   _____

   _____

4. Mechanism of dissolution_____

   _____

Date _____

1. _____ _____
   Signature of Partner Type or Print Name

2. _____ _____
   Signature of Partner Type or Print Name

3. _____ _____
   Signature of Partner Type or Print Name

4. _____ _____
   Signature of Partner Type or Print Name

FILING INSTRUCTION

1. File two copies of this form, the original and either a duplicate original or a conformed copy.
2. No filing fee required.
3. Return to: Secretary of State
   PO Box 11350
   Columbia SC 29211

Form Revised by South Carolina
Secretary of State, January 2000