

**A02000001686**

Florida Department of State  
Division of Corporations  
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(((H10000029317 3)))



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

From: **LINDA A. SCARCELLI**  
Account Name : CNL FINANCIAL GROUP, INC.  
Account Number : 113615003626  
Phone : (407) 650-1000  
Fax Number : (407) 540-2699

**DISS/TERM/CANCEL/REV OF LP/LLP  
CNL RISK SOLUTIONS, LTD.**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$105.00

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**EXAMINER**

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**CERTIFICATE OF DISSOLUTION  
FOR**

CNL Risk Solutions, 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 Florida, assigned Florida document number A02000001686, hereby submits this Certificate of Dissolution.

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

No longer doing business

**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.:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CNL Risk Solutions, Inc., General Partner

*Linda A. Scarcelli*

LINDA A. SCARCELLI  
Secretary

Filing Fee: \$52.50  
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