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Florida Department of State  
Division of Corporations  
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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)650-1552  
Fax Number : (407)540-2699

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TALLAHASSEE, FLORIDA

DISS/TERM/CANCEL/REV OF LP/LLP  
CNL DICKINSON, LTD.

Certificate of Status	0
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**CERTIFICATE OF DISSOLUTION  
FOR**

CNL Dickinson, 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 May 13, 2004, assigned Florida document number A04000000793, hereby submits this Certificate of Dissolution.

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

All debts, obligations and liabilities of the Limited Partnership have been paid or discharged.

All remaining property and assets of the Limited Partnership have been distributed.

**SECOND:**  A Notice of Dissolution is attached.  
(Check box if attached.)

**THIRD:** Effective date, if other than the date of filing: December 31, 2018  
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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FLORIDA DEPARTMENT OF STATE

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

CNL DICKINSON, INC., General Partner

By: James M. Reiff, Jr., CEO

Filing Fee: \$52.50  
Certified Copy (optional): \$52.50  
Certificate of Status (optional): \$8.75

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