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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

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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 VISTA HOTEL INVESTORS, LTD.

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CERTIFICATE OF DISSOLUTION FOR

10 JAN 20 AM 8: 50

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Vista Hotel Investors, Ltd.	
	artnership or Limited Liability Limited Partnership)
Pursuant to the provisions of section partnership or limited liability limit Florida Department of State on 9/12	n 620.1203, Florida Statutes, this Florida limited ed partnership, whose certificate was filed with the
document number A23212	
Dissolution.	, hereby submits this Certificate of
Dissolution.	
FIRST: Reason for dissolution: (S	State why partnership is submitting dissolution)
Assets sold.	
SECOND: A Notice of Disso (Check box if atta	
TTIRD: Effective date, if other than the o	date of filling: Upon filling
(Effective date cannot be prior to nor more Department of State.)	than 90 days after the date this document is filed by the Florida
Signatures of each general partner os. 620.1803(3) or (4), F.S.:	or the person appointed pursuant to
Centennial Land Company, Sol	e General Partner
By: Scarcelli Scarcelli	eelh:
Filing Fee:	\$52.50
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75