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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

: (407)650-1000

Phone Fax Number

: (407)540-7522

DISS/TERM/CANCEL/REV OF LP/LLP CNL INCOME & GROWTH FUND III, LTD.

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## CERTUFICATE OF DISSOLUTION FOR

CNL Income & Growth Fund III, Ltd.		
(Name of Florida Limited P	artnership or Limited Liability Limited Partnership)	
partnership or limited liability limit	n 620.1203, Florida Statutes, this Florida limite and partnership, whose certificate was filed with the state of the state	the
FIRST: Reason for dissolution: (S	State why partnership is submitting dissolution)	
All remaining property and assets have been distributed. All debts, obligations and liabilities have been		
paid of discharged.		<del></del>
SECOND: A Notice of Disso (Check box if atta	olution is attached. ached.)	
THIRD: Effective date, if other than the	date of filing: December 31, 2016	•
(Effective date cannot be prior to nor more Department of State.)	e than 90 days after the date this document is filed by the	: Florida
Signatures of each general partner	or the person appointed pursuant to	
s. 620.1803(3) or (4), F.S.:		<b>5</b> 5
Robert a. Bourne		
By. RUTENTAPBourne, CEO of		
GP Growth fund 1-4 Corp., sole GP		
Filing Fee:	S52.50	
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