

## Florida Department of State

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To:

From:

Division of Corporations

Fax Number

: (850)617-6383

L'INDA A. SCARCEL! Account Name : CNL FINANCIAL GROUP, INC.

Account Number: 113615003626

: (407)650-1000 Phone

Fax Number : (407)540-2699

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

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

A State BEE 3 U 2013

## HB0002830253

## CERTIFICATE OF DISSOLUTION FOR

CNL income & Growth Fu		
(Name of Florida Limited Pa	artnership or	Limited Liability Limited Partnership)
partnership or limited liability limit	ed partners	, Florida Statutes, this Florida limited thip, whose certificate was filed with the 1992, hereby submits this
FIRST: Reason for dissolution: (S	State why p	partnership is submitting dissolution)
Disposition of all assets		
SECOND: A Notice of Dissol (Check box if attack		ached.
THIRD: Effective date, if other than the	date of filing:	12/31/13
(Effective date cannot be prior to nor more Department of State.)	e than 90 day.	s 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 perso	on appointed pursuant to
	_	tinin A. Brancilli Granchows of
Jand Warces	<b>4</b> _	Linda A. Scarcelli, Secretary of CNL Growth Corp., its General Partner
<del></del>		Ac
Filing Fee:	\$52.50	5 5
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Certificate of Status (optional):	\$8.75	