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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : CNL FINANCIAL GROUP, INC.

Account Number : 113615003626 Phone : (407)650-1000 Fax Number : (407)540-2699

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VISION OF CORPORATION

DISS/TERM/CANCEL/REV OF LP/LLP

ORLANDO KIRKMAN, LLLP

Certificate of Status	0

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2/1/2006

CERTIFICATE OF DISSOLUTION FOR

Orlando Kirkman, LLL	P	
(Name of Florida Limited P	artnership or Limited Liability Limited Parmership)	_
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 September 30, 2005, hereby submits this Certificate of Dissolution.		
FIRST: Reason for dissolution: (S	State why partnership is submitting dissolution)	
No longer conducting business in Florida		
		_
		-
SECOND: A Notice of Dissol (Check box if attac		
THIRD: Effective date, if other than the	date of filing upon filing of dissolution	, ,
(Effective date cannot be prior to nor more Department of State.)	e than 90 days after the date this document is filed by the Florid	~ 3 (7)
Signatures of each general partner of s. 620.1803(3) or (4), F.S.:	or the person appointed pursuant to	SECRETAR INVISION OF C
Robert A. Bourne, President of Orlando Kirman, Inc. its		Y OF STATE
Filing Fee:	\$52.50	36 36
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75	
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