Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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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)650-1000

Fax Number : (407)540-2699

DISS/TERM/CANCEL/REV OF LP/LLP VISTA RETAIL INVESTORS, LTD.

Certificate of Status	0
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B. BOSTICK

DEC 31 2013

EXAMINER

12/30/2013

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H13000A853853

CERTIFICATE OF DISSOLUTION . FOR

Vista Retail Investors, Ltd	•	
(Name of Florida Limited F	artnership or Limited Liabilit	ry Limited Partnership)
Pursuant to the provisions of section partnership or limited liability limited partnership on No. No. Certificate of Dissolution.	ted partnership, whose co	ertificate was filed with the, hereby submits this
		C0000006PA
FIRST: Reason for dissolution: (State why partnership is	submitting dissolution)
Liquidated assets		
		A C
	-	三 世
		977 O
SECOND: A Notice of Disso (Check box if atta		F. 08179
THIRD: Effective date, if other than the	date of filing: Decembe	er 31, 2013
(Effective date cannot be prior to nor mor Department of State.)		
Signatures of each general partner s. 620.1803(3) or (4), F.S.:	or the person appointed p	pursuant to
Vista Retail Partners, LLC,	<u>as</u> General Par <u>tner</u>	
Linda A. Scarcelli, Secr	efh	
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75	