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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

LINDA A. SCARCELT

Account Name : CNL FINANCIAL GROUP, INC.

Account Number : 113615003626 Phone : (407)650-1000

Fax Number : (407)540-7522

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

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
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Helpoec 23 2015
J. HARRIS

CERTIFICATE OF DISSOLUTION FOR

| CNL income & Growth Fund | d VIII, Ltd. | | |
|---|---------------------------------|--------------------------------------|-------------|
| (Name of Florida Limited Pa | artnership or Limite | d Liability Limited Partnership) | |
| Pursuant to the provisions of section partnership or limited liability limited liability limited. Plorida Department of State on Mardocument number A 96000000459. Dissolution. | ed partnership, v ch 8, 1996 | vhose certificate was filed wi | th the |
| FIRST: Reason for dissolution: (S | State why partner | rship is submitting dissolutio | n) |
| Limited partnership no longer has asse | ts. | | |
| | | | |
| | | | |
| | | | |
| SECOND: A Notice of Disso (Check box if atta | | d. | |
| THIRD: Effective date, if other than the c | tate of filing: 12/3 | 1/2015 | · |
| (Effective date cannot be prior to nor more Department of State.) | : than 90 dayış after | the date this document is filed by t | he Florida |
| Signatures of each general partner of s. 620.1803(3) or (4), F.S.: | | | , |
| Jone Ca Scarce | elk ba | Secretary of | artner |
| | | - | |
| Filing Fee: | \$52.50 | | ALL: |
| Certified Copy (optional): | \$52.50 | | 35 C 20 |
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