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To: Division of Corporations
Fax Number : (850)205-0383

From: LINDA A. SCARCELLI
Account Name : CNL FINANCIAL GROUP, INC.
Account Number : 113615003626
Phone : (407)650-1000
Fax Number : (407)540-2699

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TALLAHASSEE, FLORIDA

DISS/TERM/CANCEL/REV OF LP/LLP

DLS INSURANCE PARTNERSHIP, LTD.

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Corporate Filing Menu

Help

H07000229145 3

CERTIFICATE OF DISSOLUTION
FOR
DLS INSURANCE PARTNERSHIP, LTD.

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership, whose certificate was filed with the Florida Department of State on May 26, 1999, hereby submits this Certificate of Dissolution.

The General Partner has been directed and authorized to dissolve the Partnership. As a result the Partnership has been dissolved, all distributions and obligations resolved.

EXECUTED this 10th day of September, 2007.

GENERAL PARTNER

INSURANCE PARTNERSHIP
MANAGER #2, LLC

By: Timothy J. Seneff
Timothy J. Seneff
Manager

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H07000229145 3