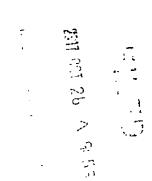


(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

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D SCOTT

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500				
ACCOUNT NO. : I2000000195				
REFERENCE : 884738 7532308				
AUTHORIZATION : Trees de man				
COST LIMIT : \$ 25.00				
ORDER DATE : October 26, 2017				
ORDER TIME: 11:12 AM				
ORDER NO. : 884738-025				
CUSTOMER NO: 7532308				
DOMESTIC FILINGS				
NAME: CG MIAMI PARTNERS III, LLC				
XX ARTICLES OF DISSOLUTION				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING				
CONTACT PERSON: Roxanne Turner - EXT#				
EXAMINER'S INITIALS:				

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

The name of a limited liability c CG Miami Partners III, LLC	ompany is		
2. The Articles of Organization we	re filed on	and assigned	
document number L05000027530			
Note: If the date inserted in this b	cannot be prior to or more than 90 days la	ster than date document is received for filing) utory filing requirements, this date will not	
4. A description of occurrence that 605.0707, Florida Statutes, (copy	resulted in the limited liability co	mpany's dissolution pursuant to section	
The company has ceased doing busi			
		77	
5. If there are no members, enter th	e name and address of the person	appointed to wind up the company's	
activities and affairs:		<u> </u>	
_			
_		- <u>7</u>	
6. Signature of an authorized person listed above to wind up the company	on or if there are no members, the say's activities and affairs: Andrew Rab	signature of the person appointed and	
Signature		Printed Name	

FILING FEE: \$25.00