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To:

Division of Corporations

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From:

: CNL FINANCIAL GROUP, INC.

Account Number : 113615003626

Phone

: (407) 650-1000 164D

Fax Number

: (407)540-2699

LLC DISSOLUTION OR WITHDRAWAL CNL INCOME SQUAW VALLEY GP, LLC

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(Typed or printed name of signee)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

| CNL Income Squaw Valley GP, LLC | |
|--|----------------------------------|
| (Name of limited liability company) | |
| Delaware (Turadiation of its acceptantion) | |
| (Jurisdiction of its organization) | |
| M04000004142 | |
| (Florida Document Number) | |
| This limited liability company is no longer transacting business in Florida and suauthority to transact business in this state. | irrenders its |
| This limited liability company revokes the authority of its registered agent to acceptits behalf and appoints the Department of State as its agent for service of process cause of action arising during the time it was authorized to transact business in Florid | t service on based on a a. |
| 450 S. Orange Avenue | 2011 DEC |
| (Mailing address) | ※新 へ |
| Orlando, FL 32801-3336 | min co |
| (City/State/Zip) | |
| • | 25 36 ≥ |
| The limited liability company agrees to notify the Department of State in the fuchange in its mailing address. | |
| Janus Partieron | |
| Signature of member or authorized representative of a member) | |
| Arny J. Patterson, Authorized Representative | |

Filing Fee: \$25.00