

**MD6000006201**

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H09000021999 3)))



H090000219993ABC6

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850) 617-6383

From: **AMY J. PATTERSON**  
Account Name : CNL FINANCIAL GROUP, INC.  
Account Number : 113615003626  
Phone : (407) 650-1000  
Fax Number : (407) 540-2699

FILED  
2009 JAN 30 AM 10:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LLC DISS/WITH OR REV DISS**

**CNL INCOME TURTLE BAY MARINA, LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 01      |
| Estimated Charge      | \$55.00 |

**C. LEWIS**

FEB 2 2009

**EXAMINER**

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED  
09 JAN 30 PM 12:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01/30/2009 13:02 FAX

002  
#09000021993

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

CNL Income Turtle Bay Marina, LLC

(Name of limited liability company)

Delaware

*MO6000006201*  
(Jurisdiction of its organization)

This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.

Attn: Legal Compliance Dept., PO Box 4920

(Mailing address)

Orlando, FL 32802-4920

(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.

*Linda A. Scarcelll*

(Signature of member or authorized representative of a member)

Linda A. Scarcelll

(Typed or printed name of signee)

**Filing Fee: \$25.00**

FILED  
2009 JAN 30 AM 10:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

#09000021993