

P000000048660

(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:

Office Use Only



600189044946

12/30/10--01002--001 **60.00

RECEIVED

10 DEC 29 PM 2:10

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

10 DEC 29 PM 3:44

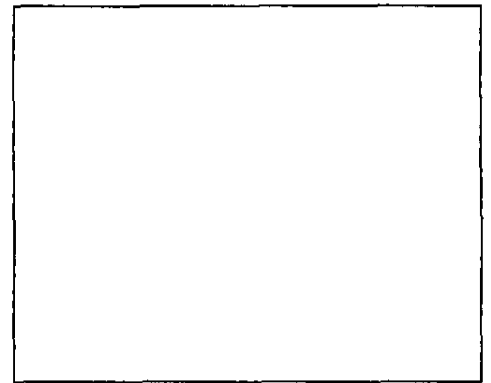
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

diss
C.COULLIETTE

DEC 29 2010

EXAMINER

FLORIDA RESEARCH & FILING SERVICES, INC.
1211 CIRCLE DRIVE
TALLAHASSEE, FL 32301
PHONE (850)656-6446



OFFICE USE ONLY

WALK-IN

ENTITY NAME:

CNL COMMERCIAL INVESTORS, INC.

CK# T02 FOR \$60.00 (\$35.00 for this filing)

PLEASE FILE THE ATTACHED DISSOLUTION & RETURN THE FOLLOWING:

___ CERTIFIED COPY

XXX STAMPED COPY

___ CERTIFICATE OF STATUS

Examiner's Initials

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

CNL Commercial Investors, Inc.

SECOND: The document number of the corporation (if known): P00000048660

THIRD: The date dissolution was authorized: December 1, 2010

Effective date of dissolution if applicable:

(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by of the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

Signature:



(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

ROBERT A. BOURNE

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

FILED
10 DEC 29 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA