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COVER LETTER

	stration Section sion of Corporations					
SUBJECT:	CFH-PLAZA AT WELLINGTON GREEN	. LLC				
(Name of Limited Liability Company)						
The enclosed	Articles of Dissolution and fee(s) are submit	tted for filing.				
Please return	all correspondence concerning this matter to	the following:				
	Alan Cogen					
(Name of Person)						
CFH - Plaza At Wellington Green, LLC						
	(Firm/Company)					
	6658 GUNPARK DRIVE, SUITE 202A					
		(Address)				
	BOULDER, CO 80301					
	(City/St	ate and Zip Code)				
For further in	formation concerning this matter, please call	l:				
Alai	ı Cogen	303 449-4707				
	(Name of Person)	at ()(Area Code & Daytime Telephone Number)				
Enclosed is a c	heck for the following amount:					
■ \$25.00 Filing Fee and Certificate of Dissolution		☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)				
	ling Address:	Street Address:				
	istration Section	Registration Section				
	Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee					
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is CFH-PLAZA AT WELLINGTON GREEN, LL	C	·
2. The Articles of Organization were filed on $\underline{}$	February 02, 2016 an	d assigned
document number L16000022800		
3. The delayed effective date the dissolution if (effective date cannot be prio Note: If the date inserted in this block does not listed as the document's effective date on the D	meet the applicable statutory filing requi	
 A description of occurrence that resulted in 605.0707, Florida Statutes, (copy 605.0707 c 	the limited liability company's dissolution back cover letter).	ition pursuant to section
CONSENT OF ALL GENERAL PARTNERS A	ND LIMITED PARTNERS	<u>.</u>
CONSENT OF ALL GENERAL PARTNERS A	ND LIMITED PARTNERS	7. 8 2
CONSENT OF ALL GENERAL PARTNERS AT	ND LIMITED PARTNERS	OFEB 18
5. If there are no members, enter the name and activities and affairs:	address of the person appointed to wi	ind up the company's 23
6. Signature of an authorized person or if there above to wind up the company's activities and	are no members, the signature of the affairs:	person appointed and listed
Olary	Alan Cogen	
Signature Printed Name		me

FILING FEE: \$25.00