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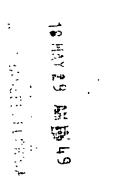
(Requestor's Name)
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#### **COVER LETTER**

Division of Corporations		
SUBJECT: SCAFFOLUS UNIF LLC (Name of Limited Liability Company)		
The enclosed Articles of Dissolution and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
WI FII D TOPHS (Name of Person)		
(vane or reison)		
(Firm/Company)		
13631 Parkarest BlvJ Unit 112		
TOT Myers F1, 33917- (City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Person) at (239) 834 - 492-9 (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:    S55.00 Filing Fee and Certificate of Dissolution   S55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)		

#### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is CAFFO 105	Unit LLC.
21	1.1/ 2.018
2. The Articles of Organization were filed on	$-1-1(\rho-2018)$ and assigned
document number <u>L1800095265</u>	_
	ore than 90 days later than date document is received for filing) e applicable statutory filing requirements, this date will not b
	ited liability company's dissolution pursuant to section cover letter).
by decision of the members	
·	دــ وه
5. If there are no members, enter the name and address	s of the person appointed to wind up the company's
activities and affairs:	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
<ol> <li>Signature of an authorized person or if there are no isted above to wind up the company's activities and a</li> </ol>	members, the signature of the person appointed and ffairs:
	Withido Torres.
Signature	Printed Name
// FILING	FEE: \$25.00