

L130000D53330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

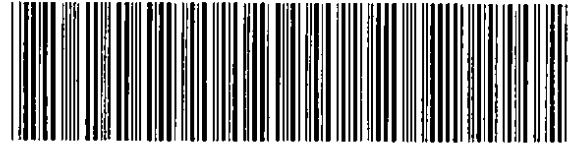
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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07/17/23--01021--004 \*\*55.00

FILED  
2023 JUL 17 AM 10:33  
CLERK OF STATE  
TALLAHASSEE, FL

JUL 17 2023

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Group 27 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:

Clark Williams  
(Name of Person)

Group 27 LLC  
(Firm/Company)

113 Carlyle Circle  
(Address)

Palm Harbor FL. 34683 (3468.  
(City/State and Zip Code)

For further information concerning this matter, please call:

Clark Williams at 727, 580-0339  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check 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)

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED

2023 JUL 17 AM 10:33

SECRETARY OF STATE  
TALLAHASSEE, FL

1. The name of a limited liability company is

Group 27 LLC

2. The Articles of Organization were filed on 4/11/2013 and assigned

document number L13000053330

3. The delayed effective date the dissolution if not effective on the date of filing: 7/13/23  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

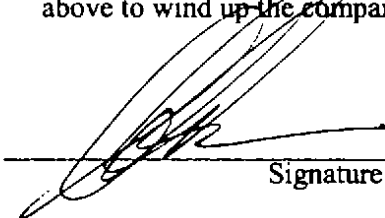
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter):

was an IRA account, being liquidated for  
required RMD for me.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: CLARK WILLIAMS

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

  
Signature

Clark Williams  
Printed Name

FILING FEE: \$25.00

## Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Group 27 LLC

Document number of Limited Liability Company is: L13000053330

Date of dissolution was: 7/13/2023

Description of information that must be included in a written claim:

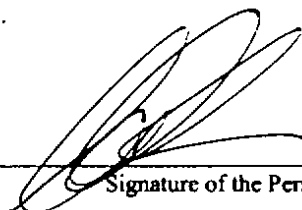
It was a personal IRA & not a business.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Clark Williams  
113 Carlyle Circle  
Palm Harbor, FL 34683

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Clark Williams  
Printed Name of the Person Filing

  
Signature of the Person Filing