# 119000115921

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(=,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
<u></u>
Special Instructions to Filing Officer.

Office Use Only



300394724663

revocation of dessolution

09/30/22--01015--028 \*\*100.00 i- 1 L E

IL 2022 SEP 30 PM 1: SECRETARY OF STATEMENT OF STATEMENT

RECEIVED

A. RAMSEY 0CT - 3 2022

### CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

HIGHWAY 27 HOLD	INGS LLC			
	- <del></del>			
				Art of Inc. File
	· <u>-</u>			LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
		Í		Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature	<u> </u>	<del>.</del>	<del></del>	Fictitious Owner Search
J				Vehicle Search
				Driving Record
Requested by:BA	9/30/22			UCC 1 or 3 File
Name	Date	Time		UCC II Search
				UCC 11 Retrieval
Walk-In Thom issue GA 8/00	Will Pick Up			Courier

#### COVER LETTER

TO:	Registration Section Division of Corporations		
CHEH	ECT: Highway 27 Holdings LLC		
30001	Name of Limit	ed Liability Cor	npany
	closed Statement of Revocation of Dissolution feed for filing.	or Florida Limit	ed Liability Company and fee(s) are
Please	return all correspondence concerning this matte	r to:	
Shawr	P. Kruk		
	Contact Person	·-····································	-
Island	Estate Group LLC		
	Firm/Company		-
P.O. B	ox 446		
	Address		_
Laurel	, NY 11948		
	City, State and Zip Code		_
	estategroupllc@gmail.com		_
E-	mail address: (to be used for future annual repor	t notification)	
For tur	ther information concerning this matter, please	call:	
Shawr	n Kruk	at (	765-8666
	Name of Contact Person	Area Code	Daytime Telephone Number
	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

FILED

## STATEMENT OF REVOCATION OF DISSOLUTION FOR FLORIDA LIMITED LIABILITY COMPANY

Pursuant to section 605.0708, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution.

I.	Highway 27 Holdings LLC The name of the company is:
2.	L19000115921 The document number of the company is
3.	7/1/2022 The effective date the Dissolution was filed is
4.	7/26/2022 The revocation of dissolution was authorized on
5.	A copy of the Articles of Dissolution is attached.
	Signature of person authorized to submit the revocation of dissolution

Filing Fee: \$100.00

Certified Copy: \$30.00 (optional)

CR2E132 (10/15)

### ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

The name of a limited     Highway 27 Hol	· · · · · · · · · · · · · · · · · · ·			·
2. The Articles of Organi	zation were filed on Apr	ril 29, 2019	and assigned	
document number 1.19	000115921	<del></del>		
Note: If the date inserte	date the dissolution if no fective date cannot be prior to ed in this block does not m s effective date on the Depa	ect the applicable statutor	ry liling requirements, this	र्पे for filing) date will not be
4. A description of occur 605.0707. Florida State	rence that resulted in the ites, (copy 605,0707 on	: limited liability compa back cover letter).	any's dissolution pursua	nt to section
Entity is ceasing business	s operations.			
				FILED
			JuL26.	, 2022 08:00 AM
			Sec	cretary of State
5. If there are no member activities and affairs:	rs, enter the name and ac Shawn P. Kruk	idress of the person app	nointed to wind up the co	ompany's
	4068 Foxhound D	rive		
	Clermont, Florida	34711		
<ol> <li>Signature of an author above to wind up the com</li> </ol>	ized person or if there are pany's activities and aff	re no members, the sign	nature of the person appo	ointed and listed
Sh	L	Shawn P. Kruk	Printed Name	
Signati	ure		ranneg avanne	

FILING FEE: \$25.00