

L21000207219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

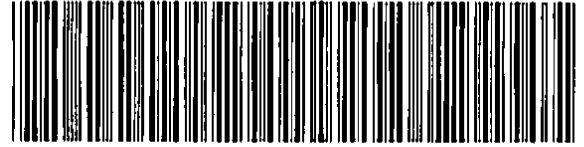
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Certificates of Status \_\_\_\_\_

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SEC. OF STATE  
FILING OFFICE

2024 APR 18 PM 1:24

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

XXVII Enterprises, 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:

Angela Sheffield  
(Name of Person)

XXVII Enterprises  
(Firm/Company)

518 NW 36th Drive  
(Address)

Gainesville, FL 32607  
(City/State and Zip Code)

For further information concerning this matter, please call:

Angela Sheffield at 352, 317.0082  
(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**

1. The name of a limited liability company is

XXVII Enterprises, LLC

2. The Articles of Organization were filed on March 27<sup>th</sup>, 2024 and assigned

document number L21000207219

3. The delayed effective date the dissolution if not effective on the date of filing: March 31<sup>st</sup>, 2024

(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.

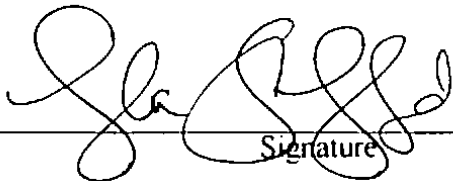
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes. (copy 605.0707 on back cover letter).

Loss of funds due to Bankruptcy and  
poor economy. As well as loss of  
essential staff due to inability to pay  
wages.

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

Angela Sheffield  
Patrick Sheffield

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

Angela Sheffield  
Printed Name

**FILING FEE: \$25.00**

FILED

REC-11  
APR 28 PM 1:24  
STATE

## 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: XXVII ~~Enterprises~~ Enterprises, LLC

Document number of Limited Liability Company is: L 21000207219

Date of dissolution was: March 27th, 2024

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

- Wages owed to 1099's
- Debt to all ~~any~~ creditors
- Last deposits to clients
- Outstanding contracts to clients

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SECRET  
TAL

FILED

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

XXVII Enterprises, LLC  
518 NW 36th & Drive  
Gainesville, FL 32607

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.

Angela Sheffield  
Printed Name of the Person Filing

[Signature]  
Signature of the Person Filing