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(Requestor's Name)	_			
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)	_			
(Submoss Simi, Ferre)				
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(Boodinelli Hallidell)				
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HASSEE, FLORIDA

COVER LETTER

	ion Section of Corporations				
DA : SUBJECT:	SHEFFIELD LLC				
SUBJECT:	(Name of Limited Liability Company)				
The enclosed Artic	cles of Dissolution and fee(s) are submi	tted for filing.			
Please return all co	orrespondence concerning this matter to	the following:			
ï	TNA REYNOLDS				
_	(Na	me of Person)			
(CARR RIGGS & INGRAM LLC				
	(Firm/Company)				
Ŋ	906 SOUTH SR 19				
_	(Address)				
F	PALATKA, FL 32177				
_	(City/St	ate and Zip Code)			
For further inform	ation concerning this matter, please call	l:			
DANNY SHEFFIELD		386 972-4229			
	(Name of Person)	at () (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 A		Street Address: Registration Section			
Registration Section Division of Corporations		Division of Corporations			
P.O. Bo		The Centre of Tallahassee 2415 N. Monroc Street, Suite 810			
Tallaha	ssee, FL 32314	Tallahassee, FL 32303			

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED

2023 OCT 16 PM 4: 26

1.	The name of a limited liability company is		TALLAHASSEE, FLORIDA
	DA SHEFFIELD LLC		
2.	The Articles of Organization were filed on	23/2021	and assigned
	document number L22000002570		
3.	The delayed effective date the dissolution if not (effective date cannot be prior to Note: If the date inserted in this block does not me listed as the document's effective date on the Depart	et the applicable statutory filin	ng: 10/6/2023 te document is received for filing) g requirements, this date will not be
4.	A description of occurrence that resulted in the 605.0707, Florida Statutes, (copy 605.0707 on b	limited liability company's ack cover letter).	dissolution pursuant to section
	MANAGING MEMBER RETIRED	<u> </u>	<u>. </u>
			.
5.	If there are no members, enter the name and add	dress of the person appointed	d to wind up the company's
	activities and affairs:		
			
6. ab	Signature of an authorized person or if there are pove to wind up the company's activities and affa	no members, the signature iirs:	of the person appointed and listed
	Mock		
		DANIEL SHEFFIELD	
	Signature	Print	ed Name

FILING FEE: \$25.00