

MI 7000002746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

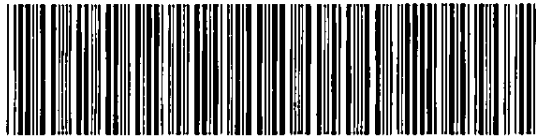
(Business Entity Name)

(Document Number)

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

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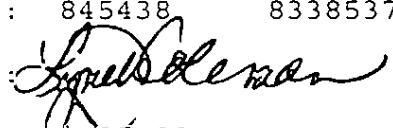
*Handwritten signature*

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 845438 8338537

AUTHORIZATION



COST LIMIT : \$ 25.00

ORDER DATE : June 29, 2023

ORDER TIME : 9:19 AM

ORDER NO. : 845438-010

CUSTOMER NO: 8338537

2023 JUN 30 11:11

FOREIGN FILINGS

NAME: ZOM MAIZON GP, LLC

CORPORATE  
 LIMITED PARTNERSHIP  
 LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
 PLAIN STAMPED COPY  
 CERTIFICATE OF STATUS

CONTACT PERSON: Alexxis Weiland-sorenson - EXT#

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ZOM Maizon GP, LLC  
\_\_\_\_\_  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cassandra Guerdan, Esq.  
\_\_\_\_\_  
(Name of Person)

Nelson Mullins Riley & Scarborough LLP  
\_\_\_\_\_  
(Firm/Company)

390 North Orange Avenue, Suite 1400  
\_\_\_\_\_  
(Address)

Orlando, FL 32801  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Cassandra Guerdan, Esq. 407 669-4200  
\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
(Name of 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

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

2023 JUN 30 7:11:11 PM

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

ZOM Maizon GP, LLC

\_\_\_\_\_  
(Name of limited liability company)

Delaware

\_\_\_\_\_  
(Jurisdiction of its organization)

03/30/2017

\_\_\_\_\_  
(Date registered with Florida Department of State)

M17000002746

\_\_\_\_\_  
(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after 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.



\_\_\_\_\_  
(Signature of authorized representative)

Brian J. Warner, Executive Vice President

\_\_\_\_\_  
(Typed or printed name of signee)

2023 JUN 30 11:11

**Filing Fee: \$25.00**