

A17000000187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

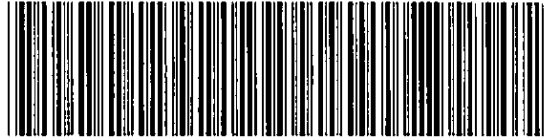
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900410281449

LP dissolution

FILED

2023 JUN 19 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2023 JUN 19 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

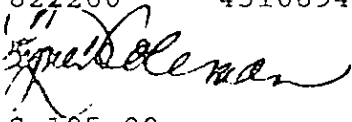
A. RAMSEY

JUN 20 2023

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

ACCOUNT NO. : I20000000195

REFERENCE : 822260 4310694

AUTHORIZATION : 

COST LIMIT : \$ 105.00

ORDER DATE : June 19, 2023

ORDER TIME : 1:43 PM

ORDER NO. : 822260-005

CUSTOMER NO: 4310694

DOMESTIC FILINGS

NAME: NOM MAIZON HOLDING, LP

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson - EXT#

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: ZOM Maizon Holding, LP

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Dissolution and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Cassandra Guerdan, Esq.

(Contact 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.

at (407) 669-4200

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

☐ \$61.25 Filing Fee
and Certificate of
Status

☐ \$105.00 Filing Fee
and Certified Copy

☐ \$113.75 Filing Fee,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

**CERTIFICATE OF DISSOLUTION
FOR**

FILED

2023 JUN 19 AM 9:34

ZOM Maizon Holding, LP

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 04/18/2017, assigned Florida document number A17000000187, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution: (State why partnership is submitting dissolution)

The happening of an event specified in the Amended and Restated Limited Partnership Agreement

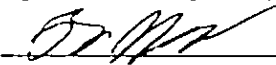
of the Limited Partnership.

SECOND: ☒ A Notice of Dissolution is attached.
(Check box if attached.)

THIRD: Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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.

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:



Brian J. Warner, Executive Vice President
of ZOM Maizon GP, LLC, general partner

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

**NOTICE OF DISSOLUTION
FOR
FLORIDA LIMITED PARTNERSHIP
OR LIMITED LIABILITY LIMITED PARTNERSHIP**

This notice is submitted by the dissolved limited partnership or limited liability limited partnership named below or the successor entity for resolution of payment of unknown claims against this limited partnership or limited liability limited partnership as provided in s. 620.1807, F.S.

This "*Notice of Dissolution*" is optional and is not required when filing a Certificate of Dissolution.

Name of Dissolved Limited Partnership or Limited Liability Limited Partnership:
ZOM Maizon Holding, LP

Description of information that must be included in a claim:

1. Full legal name, address and telephone number of claimant; and
2. Complete description, date and amount of claim.

Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)

ZOM Maizon Holding, LP
c/o ZOM Living

2001 Summit Park Dr., Suite 300

Orlando, FL 32810

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

Signature of a general partner or a principal of the successor entity:

Brian J. Warner, Executive Vice President of
ZOM Maizon GP, LLC, general partner

Printed Name


Signature

Fee: No charge if included with Certificate of Dissolution. If filed separately, \$52.50.