

A 17 000000451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

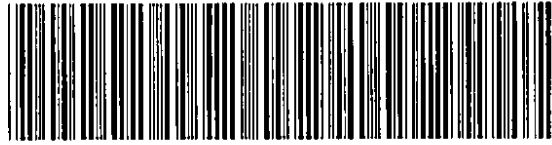
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

15

Office Use Only



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2022 NOV 10 AM 10:54

2022 NOV -9 PM 4:24

11/10/2022

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

ACCOUNT NO. : I20000000195

REFERENCE : 126204 8338537

AUTHORIZATION :



COST LIMIT : \$ 52.50

ORDER DATE : November 9, 2022

ORDER TIME : 2:14 PM

ORDER NO. : 126204-005

CUSTOMER NO: 8338537

DOMESTIC FILINGS

NAME: ZOM AZOLA WPB GP, LP

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT#

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: ZOM AZOLA WPB GP, 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

(Contact Person)

Nelson Mullins

(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

at

407

669-4221

(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**

ZOM Azola WPB GP, LP

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

2022 NOV 10 11:10:54

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 10/10/2017, assigned Florida document number A17000000451, hereby submits this Certificate of Dissolution.

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

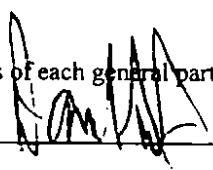
The happening of an event specified in the Limited Partnership Agreement of the Limited Partnership.

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.:



Samuel C. Stephens, III, Executive Vice President
of ZF Azola WPB 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 Azola WPB GP, LP

Description of information that must be included in a claim:

Full legal name, address and telephone number of claimant.

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 Azola WPB GP, LP

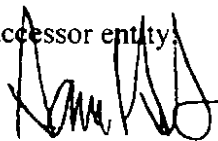
c/o ZOM Living, 2001 SUMMIT PARK DR, STE 300, Orlando, Florida 32810

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:
Samuel C. Stephens, III, Executive Vice President of

ZF Azola WPB GP, LLC, general partner

Printed Name



Signature

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