

L15000139612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

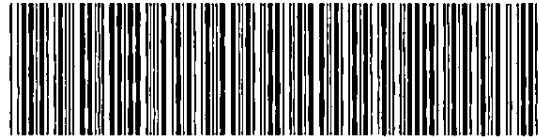
(Document Number)

3 Copies _____ Certificates of Status _____

at Instructions to Filing Officer.

J. HORNE
DEC 14 2022

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RECEIVED FID
2022 DEC 13 PM 3:49
2022 DEC 13 AM 9:50
SECRETARY
TALLAHASSEE, FLORIDA

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

ACCOUNT NO. : I20000000195

REFERENCE : 242789 4310694

AUTHORIZATION : 

COST LIMIT : \$ 55.00

ORDER DATE : December 13, 2022

ORDER TIME : 2:35 PM

ORDER NO. : 242789-005

CUSTOMER NO: 4310694

DOMESTIC FILINGS

NAME: ZOM MET SQUARE PARTNERS, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX 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 Met Square Partners, 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:

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.

(Name of Person)

407

669-4200

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 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

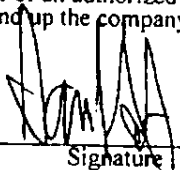
ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
2022 DEC 13 AM 9:50
SECRETARY OF
TALLAHASSEE, FL

1. The name of a limited liability company is
ZOM Met Square Partners, LLC
2. The Articles of Organization were filed on 08/19/2015 and assigned
document number L15000139612
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(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).
The limited liability company has been dissolved in accordance with Section 605.0701(1), Florida Statutes - an
event or circumstance that the Operating Agreement of the limited liability company states causes dissolution.

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

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

Samuel C. Stephens, III, Executive Vice President
Printed Name

FILING FEE: \$25.00