

L15000203681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

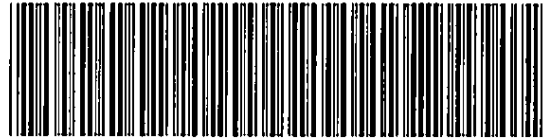
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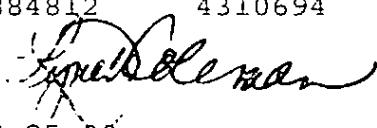


2023 JUL 19 PM 3:25

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

ACCOUNT NO. : I20000000195

REFERENCE : 884812 4310694

AUTHORIZATION : 

COST LIMIT : \$ 25.00

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ORDER DATE : July 19, 2023

ORDER TIME : 2:26 PM

ORDER NO. : 884812-005

CUSTOMER NO: 4310694  
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DOMESTIC FILINGS

NAME: ZOM SOLITAIR HOLDING, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX 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 Solitair Holding, 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

at (\_\_\_\_\_) \_\_\_\_\_

669-4200

(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**

1. The name of a limited liability company is

ZOM Solitair Holding, LLC

2. The Articles of Organization were filed on 12/10/2015 and assigned

document number L15000203681

3. The delayed effective date the dissolution if not effective on the date of filing: July 11th, 2023  
(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(2), Florida Statutes - the

written agreement of all of the members of the limited liability company.

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

Brian J. Warner, Executive Vice President

Printed Name

**FILING FEE: \$25.00**

2023 JUL 19 PM 12:07  
ES-1-210

## Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: ZOM Solitair Holding, LLC

Document number of Limited Liability Company is: L15000203681

Date of dissolution was: File Date of Articles of Dissolution

Description of information that must be included in a written 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 Division of Corporations)

ZOM Solitair Holding, LLC

c/o ZOM Living

2001 Summit Park Dr., Suite 300

Orlando, FL 32810

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

Brian J. Warner, Executive Vice President

Printed Name of the Person Filing



Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00**