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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

Phone: 850-558-1500			
ACCOUNT NO. : I2000000195			
REFERENCE : 888735 4310694			
AUTHORIZATION Expublication			
COST LIMIT : \$\frac{1}{25.00}			
ORDER DATE : July 20, 2023			
ORDER TIME: 8:30 AM			
ORDER NO. : 888735-005			
CUSTOMER NO: 4310694			
DOMESTIC FILINGS			
NAME: ZOM SOLITAIR PARTNERS, LLC			
XX ARTICLES OF DISSOLUTION			
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:			
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING			

EXAMINER'S INITIALS:

CONTACT PERSON: Alexxis Weiland-sorenson - EXT#

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	ZOM Solitair Partners, LLC				
SUBJE	(Name of Limited	d Liability Comp	pany)	_	
The end	closed Articles of Dissolution and fee(s) are submitte	d for filing.			
Please r	return all correspondence concerning this matter to the	ne following:			
	Cassandra Guerdan, Esq.				
	(Name	of Person)			
	Nelson Mullins Riley & Scarborough LLP				
	(Firm/Company)				
	390 North Orange Avenue, Suite 1400				
	(A	ddress)			
	Orlando, FL 32801				
	(City/State	and Zip Code)			
For furt	ther information concerning this matter, please call:				
	Cassandra Guerdan, Esq.	407 at (669-4200		
	(Name of Person)	(Area	Code & Daytime Telephone Number)		
Enclosed	d is a check for the following amount:				
=	\$25.00 Filing Fee and Certificate of Dissolution		ng Fee, Certificate of Dissolution & Copy (additional copy is enclosed)		
	Mailing Address: Registration Section	Street Addre			
Division of Corporations		Registration Section Division of Corporations			
	P.O. Box 6327 Tallahassee, FL 32314		of Tallahassee onroe Street, Suite 810		
	Tananasse, Fis Sest		2. FL 32303		

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liabilit	y company is				\overline{c} 3
	ZOM Solitair Partners, LLC				-	0.
					777	7
2.	The Articles of Organization	were filed on 12/10/20	115	and assigned		
	document numberL1500020)3690	_			
3.	The delayed effective date the (effective of Note: If the date inserted in the listed as the document's effective date that the listed as the listed	late cannot be prior to or mo- is block does not meet the	re than 90 days later than date applicable statutory filing	document is received	for filin late wil	g) l not be
4.	A description of occurrence t 605.0707, Florida Statutes, (c	hat resulted in the limit opy 605.0707 on back (ed liability company's di cover letter).	ssolution pursuan	t to sec	tion
	The limited liability company ha	as been dissolved in accor	dance with Section 605.070	(1), Florida Statut	les - an	
•	If there are no members, enter	ur the game and address	of the percen appointed to	o wind up the co		
۶.	activities and affairs:	i the name and address	of the person appointed (o wind up the cor	mpatry	5
						_
						_
				<u> </u>		-
5. ab	Signature of an authorized perove to wind up the company's	erson or if there are no reactivities and affairs:	nembers, the signature of	the person appoi	nted ar	– nd listed
	San		Brian J. Warner, Executi	ve Vice President		
	Signature		Printed	Name		_

FILING FEE: \$25.00

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 the company Dissolution is optional and is not required when the company Dissolution is optional and is not required when the company Dissolution is optional and is not required when the company Dissolution is optional and is not required when the company Dissolution is optional and is not required when the company Dissolution is optional and is not required when the company Dissolution is optional and is not required when the company Dissolution is optional and is not required when the company Dissolution is optional and is not required when the company Dissolution is optional and is not required when the company Dissolution is optional and the company Dissolution is optional.	hen filing a	
voluntary dissolution.		2023
Name of Limited Liability Company: ZOM Solitair Partners, LLC	· ·	
Document number of Limited Liability Company is: I.15000203690		~~ ~~
Date of dissolution was: File Date of Articles of Dissolution		PH 12: 07
Description of information that must be included in a written claim:		07
1. Full legal name, address and telephone number of claimant; and		
2. Complete description, date and amount of claim.		-
		_
2 -7		_
Mailine address where obtains and he seem (Claims seemed by seem to Division of Comme		
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corpora	ations)	
ZOM Solitair Partners, LLC		
c/o ZOM Living		
2001 Summit Park Dr., Suite 300		
Orlando, FI. 32810		
A claim against the above named limited liability company will be barred unless a proceeding claim is commenced within 4 years after the filing of this notice.	ng to enforce	the
1-0		
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