

L16000049483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

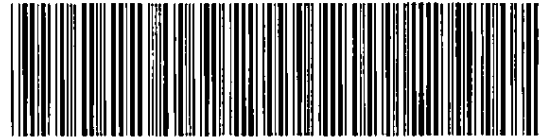
(Business Entity Name)

(Document Number)

Number of Copies _____ Certificates of Status _____

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2022 DEC 22 PM 2:09

CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

RECEIVED

2022 DEC 22 AM 11:49

TALLAHASSEE, FLORIDA

VD
w/notice

DEC 17 2022

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

ACCOUNT NO. : I20000000195

REFERENCE : 270402 8338537

AUTHORIZATION

COST LIMIT \$ 55.00

ORDER DATE : December 21, 2022

ORDER TIME : 5:12 PM

ORDER NO. : 270402-005

CUSTOMER NO: 8338537

DOMESTIC FILINGS

NAME: ZOM SEAZEN 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 Seazen 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**

1. The name of a limited liability company is

ZOM Seazen Partners, LLC

2. The Articles of Organization were filed on 03/11/2016 and assigned

document number L16000049483

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.

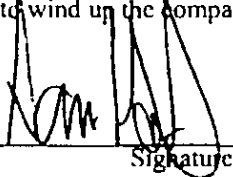
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

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

2012 DEC 22 PM 2:09
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

FILED

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 Seazen Partners, LLC

Document number of Limited Liability Company is: L16000049483

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 Seazen Partners, LLC

c/o ZOM Living

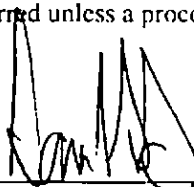
2001 Summit Park Dr., Suite 300

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.

Samuel C. Stephens, III, 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