

L17000146036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

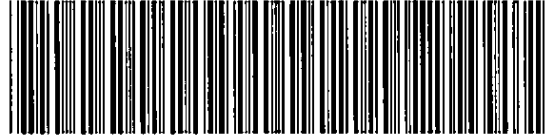
(Document Number)

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FILED

2023 JUN 19 PM 1:07

CLERK OF STATE
TALLAHASSEE, FL

Ⓢ

2023 JUN 19 AM 10:25

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

ACCOUNT NO. : I20000000195

REFERENCE : 820651 4310694

AUTHORIZATION :

COST LIMIT : \$55.00

ORDER DATE : June 16, 2023

ORDER TIME : 9:25 AM

ORDER NO. : 820651-005

CUSTOMER NO: 4310694

DOMESTIC FILINGS

NAME: SCS ZHLP, 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: SCS ZHLP, 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)

at (407) 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

FILED

2023 JUN 19 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FL

1. The name of a limited liability company is
SCS ZHLP, LLC

2. The Articles of Organization were filed on 07/07/2017 and assigned
document number L17000146036

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

Brian J. Warner, Executive Vice President of
ZHLP GP Holding, LLC, Manager

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 filing a voluntary dissolution.

Name of Limited Liability Company: SCS ZHLP, LLC

Document number of Limited Liability Company is: L17000146036

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)

SCS ZHLP, LLC

c/o ZOM Living

2001 Summit Park Dr., Suite 300

Orlando, FL 32810

FILED
2023.11.19 PM 1:07
CLERK OF STATE
TALLAHASSEE, FL

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 of ZHLP GP Holding, LLC, Manager

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