

L17000226642

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

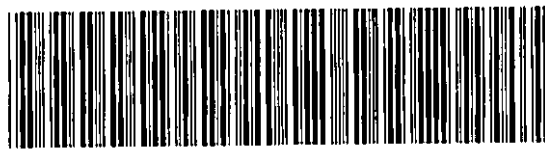
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700410164307

LLC dissolution

2023 JUN 23 AM 9:04
OFF. CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

2023 JUN 23 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED


A. RAMSEY

JUN 26 2023

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

ACCOUNT NO. : I20000000195

REFERENCE : 829934 4310694

AUTHORIZATION : 

COST LIMIT : \$ 25.00

ORDER DATE : June 22, 2023

ORDER TIME : 8:55 AM

ORDER NO. : 829934-015

CUSTOMER NO: 4310694

DOMESTIC FILINGS

NAME: ZOM LAS OLAS GP, 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 Las Olas GP, 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

FILED

2023 JUN 23 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
ZOM Las Olas GP, LLC

2. The Articles of Organization were filed on 11/02/2017 and assigned
document number L17000226642

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(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

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 Las Olas GP, LLC

Document number of Limited Liability Company is: L17000226642

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 Las Olas GP, 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