

L17000235226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

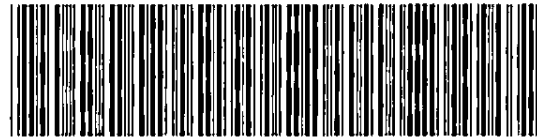
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500410880355

LLC dissolution

FILED

2023 JUN 22 AM 11:03  
CLERK OF STATE  
TALLAHASSEE FL 32301

A. RAMSEY

JUN 23 2023

2023 JUN 22 PM 10:22

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

ACCOUNT NO. : I20000000195

REFERENCE : 829934 4310694

AUTHORIZATION :

COST LIMIT

\$ 55.00

ORDER DATE : June 22, 2023

ORDER TIME : 9:09 AM

ORDER NO. : 829934-005

CUSTOMER NO: 4310694

DOMESTIC FILINGS

NAME: ZOM LAS OLAS WALK 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: \_\_\_\_\_



ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED

2023 JUN 22 AM 11:03

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. The Articles of Organization were filed on 11/15/2017 and assigned

document number L17000235226

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

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 Walk Partners, LLC

Document number of Limited Liability Company is: L17000235226

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 Walk Partners, LLC

c/o ZOM Living

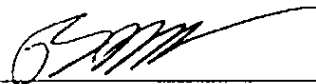
2001 Summit Park Dr., Suite 300

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.

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**