L20000217884

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Only State Elph Hone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
· —				
Special Instructions to Filing Officer:				

Office Use Only



500438113355

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Dissolve	LLC			
DOCUMENT NU	MBER:			
The enclosed Notic	e of Limited Liability C	Company Dissolution and	I fee are submitted for filing.	
Please return all cor	rrespondence concerning	this matter to the followi	ng:	
Christopher Leone		·		
	(Name of C	Contact Person)		
I zoom entertainment				
	(Firm	/Company)		
1200 N Federal HWY s	suite 300			
·	(Ad	ldress)		
Boca Raton FL 33432				
	(City/Stat	e and Zip Code)		
For further informa	tion concerning this matt	ter, please call:		
Christopher leone	Christopher leone at (954) 821-1000			
(Name of	Contact Person)	(Area Code)	Daytime Telephone Number)	
Enclosed is a check	for the following amour	nt:		
■\$25 Filing Fee	☐\$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$60 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)	
Mailing Address	<u>s:</u>	Street 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

Notice of Limited Liability Company Dissolution

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 Fig. 21 Fig. 1: 30

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limite	d Liability Company: I ZOOM ENTERTAIN	MENT	
	Der of Limited Liability Company is:	1217884	
Date of dissolut	ion was: OCTOBER 11, 2024		
Description of i	nformation that must be included in a writte	en claim:	
CLOSING THE	COMPANY BUSINESS FAILED		
			
Mailing address	where claims can be sent: (Claims cannot b	be sent to the Division of Corporations)	
	1200 N FEDERAL HWY, STE 300 BOCA RA	TON FL 334321	
A -1-1-1	alternatives and the Control Policy of the Control	The least state of the same of	. 6
	the above named limited liability company hin 4 years after the filing of this notice.	will be barred unless a proceeding to en	nforce the claim is
CHRISTOPHER			
	Printed Name of the Person Filing	Signature of the Person Fi	ling

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00