

L24000387349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

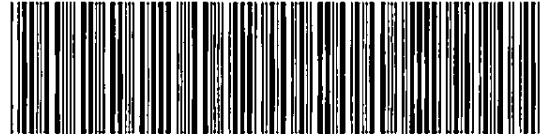
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600436712096

LLC dissolution

RECEIVED

2024 SEP 19 AM 10:22

OFFICE OF THE CLERK
TALLAHASSEE, FLORIDA

FILED

2024 SEP 19 AM 9:03

OFFICE OF THE CLERK
TALLAHASSEE, FLORIDA

A. RAMSEY
SEP 20 2024

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

incserv

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 9/19/2024

PRIORITY Regular Approval

OUR REF # (Order ID#) 1296947

ORDER ENTITY
ZP CAPITAL GROUP LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

ZP CAPITAL GROUP LLC (FL)

File the attached dissolution document

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

FILED

2024 SEP 19 AM 9:03

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

1. The name of a limited liability company is
ZP Capital Group LLC

2. The Articles of Organization were filed on September 9, 2024 and assigned
document number L24000387349

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 consent of all the members

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:

/s/ Ilya Prusenko
Signature

Ilya Prusenko
Printed Name

FILING FEE: \$25.00