

M170000004330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

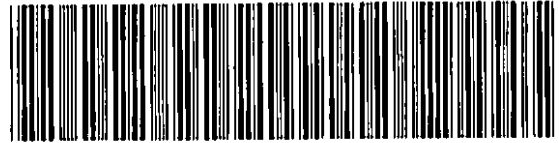
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 AUG 27 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
RECEIVED
2021 AUG 27 AM 11:48

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

ACCOUNT NO. : I20000000195

REFERENCE : 977790 169255A

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : August 26, 2021

ORDER TIME : 10:16 AM

ORDER NO. : 977790-005

CUSTOMER NO: 169255A

FOREIGN FILINGS

NAME: ZOM KINSTEAD GP, LLC

____ CORPORATE
____ LIMITED PARTNERSHIP
XX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF STATUS

CONTACT PERSON: Eyliena Baker - EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ZOM Kinstead GP, LLC

(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal 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 Ave., Suite 1400

(Address)

Orlando, Florida 32801

(City/State and Zip Code)

For further information concerning this matter, please call:

Cassandra Guerdan, Esq.

(Name of Person)

407 839-4200
at () _____
(Area Code & Daytime Telephone Number)

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

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|--|--|

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

ZOM Kinstead GP, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

May 22, 2017

(Date registered with Florida Department of State)

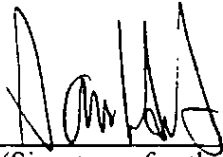
M17000004330

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after 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.



(Signature of authorized representative)

Samuel C. Stephens, III, Executive Vice President

(Typed or printed name of signee)

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2021 AUG 27 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FL

Filing Fee: \$25.00