

P04000084930

(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



900209782859

12/05/13--01002--007 **35.00

FILED

13 DEC -5 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

diso

ZIMMER AND ZIMMER, L.L.P.
ATTORNEYS AT LAW
111 PRINCESS STREET
WILMINGTON, NORTH CAROLINA 28401-3997
TELEPHONE (910) 763-4669
TELECOPIER (910) 762-1999

HERBERT J. ZIMMER
LONDON G. ZIMMER*
JEFFREY L. ZIMMER (RETIRED)
*ALSO LICENSED IN THE DISTRICT OF COLUMBIA

MAILING ADDRESS
POST OFFICE BOX 2628
WILMINGTON, NORTH CAROLINA 28402

November 19, 2013

Florida Department of State
Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

RE: ZP NO. 154 Member, Inc.
SOS ID: A04000084930

Dear Sir:

Please find enclosed herewith the following items in connection with the above-referenced entity:

1. Cover Letter
2. Articles of Dissolution for ZP NO. 154 Member, Inc.
3. Check in the amount of \$35.00

I would greatly appreciate your filing the articles and thereafter returning a copy to me. An electronic version will be sufficient and can be sent to me at DonnaDickens@zdc.com.

Thank you very much for your assistance in connection with this request.

Sincerely,

ZIMMER AND ZIMMER, L.L.P.



Donna L. Dickens
Paralegal
Direct Dial: (910) 763-4669 x 204
E-mail: DonnaDickens@zdc.com

FILED
13 DEC -5 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DLD
Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ZP NO. 154 MEMBER, INC.

DOCUMENT NUMBER: P04000084930

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DONNA L. DICKENS

(Name of Contact Person)

ZIMMER AND ZIMMER, L.L.P.

(Firm/Company)

111 PRINCESS STREET

(Address)

WILMINGTON, NC 28401

(City/State and Zip Code)

For further information concerning this matter, please call:

DONNA DICKENS at (910) 763-4669 x 204

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

ZP NO. 154 MEMBER, INC.

SECOND: The document number of the corporation (if known): P04000084930

THIRD: The date dissolution was authorized: 11/18/2013

Effective date of dissolution if applicable: 12/31/2013

(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

Signature: _____

11/19/2013

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

JEFFREY L. ZIMMER

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

FILED
13 DEC -5 PM 2:45
SECRETARY OF STATE
TALLAHASSEE FL 90511