



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/23/2020	202034205968	Dissolution/Limited Liability Company (LDS)	50.00				0

Receipt

This is not a bill. Please do not remit payment.

BAILEY CAVALIERI, LLC
10 WEST BROAD ST., SUITE 2100
COLUMBUS , OH, 43215

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose
4158880

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

LZP, LLC

and, that said business records show the filing and recording of:

Document(s)

Dissolution/Limited Liability Company

Effective Date: 12/23/2020

Document No(s):

202034205968



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 23rd day of December, A.D.
2020.

Ohio Secretary of State

Form 562 Prescribed by:



Date Electronically Filed: 12/23/2020

Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

OhioSoS.gov | business@OhioSoS.govFile online or for more information: OhioBusinessCentral.gov

Certificate of Dissolution of Limited Liability Company / Cancellation of Foreign Limited Liability Company

Filing Fee: \$50**Form Must Be Typed****(CHECK ONLY ONE (1) BOX)**

(1) Domestic Limited liability Company
(For-profit or Nonprofit)
(140-LDS)



(2) Foreign Limited liability Company
(For-profit or Nonprofit)
(131-LFS)



Jurisdiction of Formation

Name of Limited Liability Company (name used in jurisdiction of formation)

Ohio Registration Number

Complete the information in this section if box (1) is checked.

The Limited Liability Company hereby certifies that the effective date of the of the dissolution is:

Note: Effective date must be on or before the date of filing.

Complete the information in this section if box (2) is checked.

The undersigned limited liability company hereby certifies that it is no longer transacting business in the state of Ohio.

The limited liability company

the authority of its registered agent to accept service of process, notices and demands on its behalf.

(Please enter 'does revoke' or 'does not revoke')

If the authority of the agent is revoked then please provide the address to which a person may mail copy of an process, notice, or demand against the company is:

Mailing Address

City

State

ZIP Code

If this mailing address changes in the future, the limited liability company hereby agrees to notify the Ohio Secretary of State of such change.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Must be signed by an authorized representative.

If the authorized representative is an individual, then they must sign in the "signature" box and print his/her name in the "Print Name" box.

If the authorized representative is a business entity, not an individual, then please print the entity name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print his/her name and title/authority in the "Print Name" box.

KIMBERLY LAND, ESQ., AUTHORIZED REPRESENTATIVE

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name