# m04000003827

(Requestor's Name)
(Address)
(Address)
-
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
11m 4-28-27
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT
APR - 7 2010
EXAMINER
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Office Use Only



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SECRETARY OF STATE

10 APR -6 PM 2: 1



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 10, 2010

JACOBS KING & WALLACK, LLC 1117 PERIMETER CENTER WEST SUITE W501 ATLANTA, GA 30338-5445

SUBJECT: SANDPOINT INVESTMENTS, LLC

Ref. Number: M04000003827

We have received your document for SANDPOINT INVESTMENTS, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 610A00005962

#### JACOBS KING & WALLACK, LLC

1117 Perimeter Center West Suite W501 Atlanta, Georgia 30338-5445 Telephone: (404) 271-0070 Facsimile: (404) 920-8662

E-MAIL: GREG@GKWLAWFIRM.COM

March 5, 2010

VIA USPS FIRST-CLASS MAIL

MINAPR-6 PH 2: 12

Secretary of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: GULFPOINT PROPERTIES, LLC & SANDPOINT INVESTMENTS, LLC VOLUNTARY CORPORATE DISSOLUTIONS

Dear Sir/Madam:

Enclosed for filing are the following:

- (1) GulfPoint Properties, LLC's Articles of Dissolution, and
- (2) SandPoint Investments, LLC's Articles of Dissolution.

Please file the original and return the certificate of status to me using the self-addressed stamped envelope included. Feel free to call me at the above telephone number for any additional information. Enclosed you will find a check for \$60.00 for each filing fee and certificate of status. Thank you for your assistance in this matter.

Very truly yours,

aregory A. Jacobs, Es

**Enclosures** 

cc: Doug and Stacey Nelson

### **COVER LETTER**

TQ: Registration Division of C					
SUBJECT: SAND	POINT INVESTMENT (Name of For	NTS, LLC eign Limited Liability C	Company)		
	·		• •		
Dear Sir or Madam:					
The enclosed withdraw	wal and fee(s) are submitte	d for filing.			
Please return all corre	spondence concerning this	matter to the following	:		
JOSH HOWELL					
*	(Name of Person)				
		·			
JACOBS KING 8	WALLACK, LLC			701 FAL	
	(Firm/Company)			2010 APR SECRETA FALLAHA	
				HASE A	***
1117 PERIMETE	R CENTER WEST,	SUITE W501		7887 7887 9-	ſ
(Address)					,-
ATLANITA CA 20	222			STAT	٧.
ATLANTA, GA 30	(City/State and Zip Cod	e)		P	
	(Onyrotate and Esp Cou	<b>C</b> )			
For further information	n concerning this matter, p	please call:			
JOSH HOWELL		at ( 404	920-4496		
(Nar	ne of Person)		Daytime Telephone Number	er)	
	OURIER ADDRESS:		ING ADDRESS:		
Registration Section Division of Corporations		Registration Section Division of Corporations			
Clifton Building		P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee, Florida 32314			
Enclosed is a check f	or the following amount:				
□ \$25 Filing Fee	■ \$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status Certified Copy	s &	

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SANDPOINT INVESTMENTS, LLC

(Name of limited liability company)
GEORGIA
(Jurisdiction of its organization)
M0400003827
(Florida Document Number)
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.
This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.
375 FALLS POINT TRAIL (Mailing address)
ALPHARETTA, GA 30022 City/State/Zip)
ASS -9
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
m 1. Ale
(Signature of member or authorized representative of a member)
GREGORY A. JACOBS Authorized Rep
(Typed or printed name of signee)

Filing Fee: \$25.00