

M11 000000 5307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

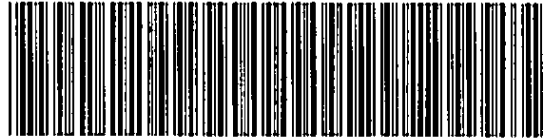
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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with drawal

AUG 21 2022

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Eastpointe Golf Management, 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:

Kimberly Stahl

(Name of Person)

(Firm/Company)

12700 Sunrise Valley Drive, Suite 300

(Address)

Reston, VA 20191

(City/State and Zip Code)

For further information concerning this matter, please call:

Kimberly Stahl

(Name of Person)

703 940-3508
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 checked="" type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|---|--|

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CLERK OF COURT
JULY 11 2022

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Eastpointe Golf Management, LLC

(Name of limited liability company)

Virginia

(Jurisdiction of its organization)

October 21, 2011

(Date registered with Florida Department of State)

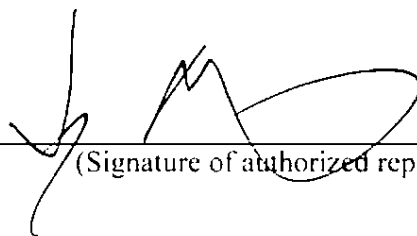
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(Florida Document Number)

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)

Jay M. McGrath

(Typed or printed name of signer)

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