

M13000006756

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

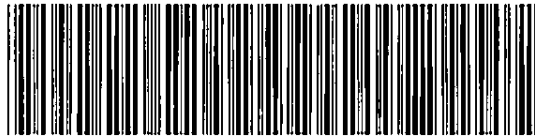
(Business Entity Name)

(Document Number)

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CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

850-508-1891 (cell)

Date: 8/31/17
ACCT. I20160000072

Eric DW

Name:	<u>Landmark at Alexander</u>
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Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LANDMARK AT ALEXANDER POINTE 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:

Samuel Sahn

(Name of Person)

LANDMARK AT ALEXANDER POINTE GP, LLC

(Firm/Company)

25 Price Street

(Address)

Toronto, Ontario M4W 1Z1 Canada

(City/State and Zip Code)

For further information concerning this matter, please call:

Courtney L. Scanlon

(Name of Person)

716

848-1538

at (_____) _____

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for 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

FILED
2017 AUG 31 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

LANDMARK AT ALEXANDER POINTE GP, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

10/24/2013

(Date registered with Florida Department of State)

M13000006756

(Florida Document Number)

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



(Signature of authorized representative)

Samuel Sahn, Authorized Representative

(Typed or printed name of signee)

Filing Fee: \$25.00