

M18 000009851

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

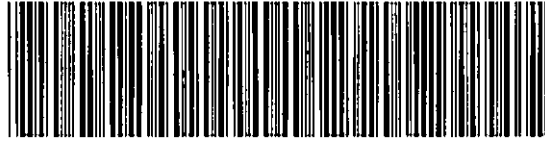
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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12/14/20--01032--005 \*\*35.00

2020 DEC 14 PM 6:26

FILED

JAN 28 2021

S. YOUNG

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Eastpoint Land of AL, 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:

Whitney Tesdahl  
\_\_\_\_\_  
(Name of Person)

Lafayette Land Company  
\_\_\_\_\_  
(Firm/Company)

157 N Conception Street  
\_\_\_\_\_  
(Address)

Mobile, Alabama 36603  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Whitney Tesdahl 251 340-6505  
\_\_\_\_\_  
(Name of Person) 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:

- ☒ \$25 Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Eastpoint Land of AL, LLC

(Name of limited liability company)

Alabama

(Jurisdiction of its organization)

October 25, 2018

(Date registered with Florida Department of State)

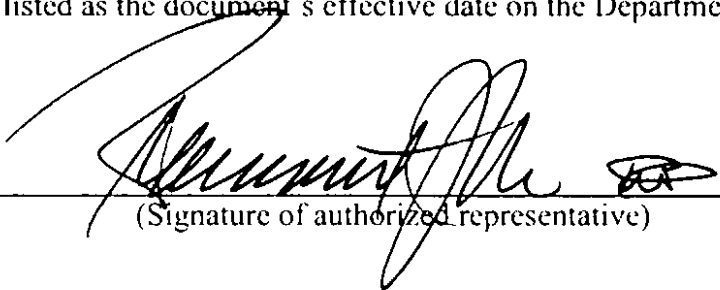
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(Florida Document Number)

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)

Robert J. Isakson, Sr., its Manager

(Typed or printed name of signee)

2018 DEC 14 PM 6:26

**Filing Fee: \$25.00**



LAFAYETTE LAND COMPANY

**CHECK/CREDIT CARD REQUEST**

Date: 12/1/2020  
Payable To: Florida Department of State Division of Corporations  
Attention: Registration Section / Division of Corporations  
Address: The Centre of Tallahassee – 2415 N Monroe Street, Ste 810  
City/State/Zip: Tallahassee, FL 32303  
Telephone:

Amount Requested: \$25.00

Purposes: Eastpoint Land of AL, LLC – Withdrawal of Authority to Transaction

Requested by: Whitney

Approved by: \_\_\_\_\_ Date approved: \_\_\_\_\_

✓ #1069