

M010VVU0014

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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EXAMINER



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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG -2 AM 10:40



Northwestern Mutual®

July 26, 2011

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

RE: Certificate of Withdrawal
Northwestern Investment Management Company, LLC

Dear Sir/Madam:

By way of this letter and attached documentation, I am requesting your office file the attached Application by Foreign Limited Liability Company for Withdrawal of Authority to Transact Business in Florida. I have enclosed a check made payable to the Florida Department of State in the amount of \$55 to cover this request (filing fee and certified copy).

Please return all documentation to me at:

The Northwestern Mutual Life Insurance Company
Attn: Jenny Potters, S430
720 East Wisconsin Avenue
Milwaukee, WI 53202-4797

Please feel free to contact me if you have any questions. I can be reached at (414) 665-2272 or jennypotters@northwesternmutual.com. Thank you for your assistance with this matter.

Sincerely,


Jenny Potters

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG -2 AM 10:40

Northwestern Investment Management Company, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

M0100000014

(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.

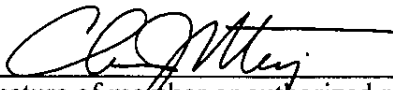
The Northwestern Mutual Life Ins. Co., 720 East Wisconsin Ave, Attn: General Counsel

(Mailing address)

Milwaukee, WI 53202-4797

(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.


(Signature of member or authorized representative of a member)

Christopher J. Menting, Assistant Secretary

(Typed or printed name of signer)

Filing Fee: \$25.00