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Capital One, N.A. 201 St. Charles Avenue 26th Floor

New Orleans, LA 70170

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Tina Genovese Register Legal Coordinator Bank Legal Department

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COVER LETTER

Division of Corporations
SUBJECT: CAPITAL ONE SECURITIES LLC (Name of Foreign Limited Liability Company)
(Name of Poleigh Elimited Elability 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:
TINA GENOVESE REGISTER (Name of Person)
CAPITAL ONE, N.A LEGAL (Firm/Company)
201 ST. CHARLES AVE, STE 2600 (Address)
NEW OR LEANS, LA 70170 (City/State and Zip Code)
For further information concerning this matter, please call:
TINA G. REGISTER at (504) 533-2170 (Name of Person) (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 Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
\$25 Filing Fee \$\ \times \text{S30 Filing Fee & S55 Filing Fee & S60 Filing Fee, Certificate of Status & Certified Copy Certified Copy}

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

CAPITAL ONE SECURITIES LLC (Name of limited liability company)
LOUISIANA- (Jurisdiction of its organization)
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.
201 ST. CHARLES AVE STE 2600 LEGAL (Mailing address)
NEW CRLEANS LA 70170 (City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
TINA G REGISTER (Typed or printed name of signee)

Filing Fee: \$25.00