

# M07000002976

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (800)345-4647  
Fax Number : (800)432-3622

**LLC DISSOLUTION OR WITHDRAWAL  
NAVY FEDERAL ASSET MANAGEMENT, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

RECEIVED

2017 JAN -4 PM 12:29

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TALLAHASSEE, FLORIDA

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K. SALY

JAN -5 2017

### COVER LETTER

TO: Registration Section  
Division of Corporations

Navy Federal Asset Management, LLC

SUBJECT:

(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:

(Name of Person)

Capitol Services – Corporate Filings Team

(Firm/Company)

208 E 9th St, Ste 1300

(Address)

Austin TX 78701

(City/State and Zip Code)

For further information concerning this matter, please call:

Teresa Sharpley

(Name of Person)

at

800-662-0171

(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

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TALLAHASSEE, FLORIDA

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

**Navy Federal Asset Management, LLC**

(Name of limited liability company)

**Virginia**

(Jurisdiction of its organization)

**May 18, 2007**

(Date registered with Florida Department of State)

**M07000002976**

(Florida Document Number)

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



(Signature of authorized representative)

**Patricia P. Wood**

(Typed or printed name of signee)

**Filing Fee: \$25.00**