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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: CAPITOL SERVICES, INC.

Account Number : I20160000017

: (800)345-4647

Phone Fax Number

: (800)432-3622

LLC DISSOLUTION OR WITHDRAWAL NAVY FEDERAL ASSET MANAGEMENT, LLC

| Certificate of Status | 0 |
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| Certified Copy | 1 |
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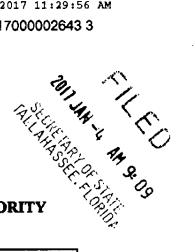
Corporate Filing Menu

Help

K. SALY JAN - 5 2017

COVER LETTER

| | gistration Section vision of Corporations | | | | |
|-----------------------|---|----------------------------------|---|--|--|
| | Navy Federal Asset Management, LLC SUBJECT: (Name of Foreign Limited Liability Company) | | | | |
| SUBJECT | | | | | |
| Dear Sir or i | Madzm: | | | | |
| The enclose | d withdrawal and fee(s) are submitte | ed for filling, | | | |
| Please retur | n all correspondence concerning this | matter to the following: | | | |
| | (Name of Person) | | | | |
| Capitol S | Services - Corporate Filings (Fire/Company) | s Team | | | |
| <u>206 E 9t</u> | n St, Ste 1300 (Address) | | | | |
| Austin T | X 78701 (City/State and Zip Co | ie) | | | |
| For further i | information concerning this matter, p | olease call: | • | | |
| Teres | sa Sharpley | 800-662 | -0171 | | |
| | (Name of Person) | | Daytime Telephone Number) | | |
| Re Di Ch 260 | REET/COURIER ADDRESS: gistration Section vision of Corporations fton Building 51 Executive Center Circle lishassee, Florida 32301 | Regist Divisk P.O. B | ING ADDRESS: ration Section on of Corporations ox 6327 assec, Florida 32314 | | |
| Enclosed is | a check for the following amount | • | | | |
| S25 Filin | g Fee S30 Filing Fee & Certificate of Status | XX55 Filing Fee & Certified Copy | S60 Filing Fee, Certificate of Status & Certified Copy | | |



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. |
| |
| |
| James Lance |
| (Signature of authorized representative) |
| Patricia P. Wood |
| (Typed or printed name of giorges) |

Filing Fee: \$25.00