

M12000001790

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

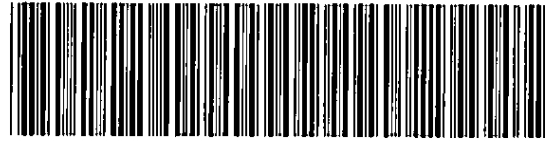
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500368682195

RECEIVED

2021 JUL -8 AM 11:47

CLERK OF COURT
HASSLER, FLORIDA

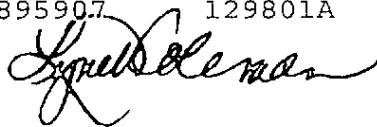
311

2021 JUL -8 AM 9:05

CLERK OF COURT
HASSLER, FLORIDA

JUL 11 2021

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 895907 129801A
AUTHORIZATION : 
COST LIMIT : \$25.00

ORDER DATE : July 7, 2021
ORDER TIME : 5:12 PM
ORDER NO. : 895907-025
CUSTOMER NO: 129801A

FOREIGN FILINGS

NAME: CAPITAL ONE MULTIFAMILY
FINANCE, LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Eyliena Baker - EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Capital One Multifamily Finance, 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:

Erika Chamale

(Name of Person)

Capital One

(Firm/Company)

1680 Capital One Drive

(Address)

McLean, VA 22102

(City/State and Zip Code)

For further information concerning this matter, please call:

Erika Chamale 703 263-5170

(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

Capital One Multifamily Finance, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

March 29, 2012

(Date registered with Florida Department of State)

M12000001790

(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.

DocuSigned by:

Michael Passaretti

2C6A3BCFBC4D45C...

(Signature or authorized representative)

Michael Passaretti, Assistant Secretary

(Typed or printed name of signee)

STATE
APR 9 05
11 33

Filing Fee: \$25.00