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Name:	NDFI, LLC	<u> </u>	
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COVER LETTER

	gistration Section vision of Corporations				
SUBJECT:	NDF1, 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:					
MRY	Name of Person)				
<u>s</u>	(Firm/Company)	5_			
2 v 5 v	(City/State and Zip Code)	34236			
For further information concerning this matter, please call:					
<u></u>	(Name of Person) at (A	rea 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		Registration Section Division of Corporations P.O. Box 6327			
Enclosed is a check for the following amount:					
S25 Filir	g Fee S30 Filing Fee & S55 Filin Certificate of Status Certified				

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

NDF1, LLC
(Name of limited liability company)
Virginia
(Jurisdiction of its organization)
August 3, 2020
(Date registered with Florida Department of State)
M20000006911
(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: (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.
Martin Saenz, Manager
(Typed or printed name of signce)

Filing Fee: \$25.00