

M 2000000 1470

(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



300399615423

01/12/23--01002--010 \*\*25.00

RECEIVED  
2023 JAN 12 AM 11: 20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
2023 JAN 12 AM 11: 58  
SECRETARY OF STATE  
TALLAHASSEE, FL

*af* 1/13/2023

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** MISTY 1/12

**CERTIFIED COPY** \_\_\_\_\_

**XX PHOTOCOPY** \_\_\_\_\_

**CUS** \_\_\_\_\_

**XX FILING**

**WITHDRAWAL** \_\_\_\_\_

**1. HOLDING GROUND DECISION INTELLIGENCE LLC**

(CORPORATE NAME AND DOCUMENT #)

**2.**

\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**3.**

\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**4.**

\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**5.**

\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**6.**

\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED

2023 JAN 12 AM 11:58

SECRETARY OF STATE  
TALLAHASSEE, FL

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

HOLDING GROUND DECISION INTELLIGENCE LLC

\_\_\_\_\_  
(Name of limited liability company)

Delaware

\_\_\_\_\_  
(Jurisdiction of its organization)

02/06/2020

\_\_\_\_\_  
(Date registered with Florida Department of State)

M20000001470

\_\_\_\_\_  
(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.



\_\_\_\_\_  
(Signature of authorized representative)

David S. Bauer

\_\_\_\_\_  
(Typed or printed name of signee)

**Filing Fee: \$25.00**