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COVER LETTER

	istration Section ision of Corporations			
SUBJECT:	PAH DEUCE GP, LLC (Name of Foreign Limited Li	ahility Company)		
	(Name of Poleigh Elimited El	ability Company)		
Dear Sir or M	1adam:			
The enclosed	withdrawal and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:				
GREGG I	KAISER			
	(Name of Person)			
WHM LL	C			
VVIIVI EL	(Firm/Company)	<u></u>		
501 EAS	ST CAMINO REAL			
	(Address)			
BOCA R	ATON, FL 33432			
(City/State and Zip Code)				
Pau Cardhau ia	.C			
ror turtner in	nformation concerning this matter, please call:			
GREGG I	at (55.) 447-3164		
	(Name of Person) (Area	Code & Daytime Telephone Number)		
STF	REET/COURIER ADDRESS:	MAILING ADDRESS:		
Reg	Registration Section Registration Section			
	ision of Corporations fron Building	Division of Corporations P.O. Box 6327		
266	1 Executive Center Circle	Tallahassee, Florida 32314		
Tall	lahassee, Florida 32301			
Enclosed is a check for the following amount:				
☑ \$25 Filing	g Fee \$30 Filing Fee & \$55 Filing Certificate of Status Certified C			

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

The second se
PAH DEUCE GP, LLC (Name of limited liability company) DELAWARE (Jurisdiction of its organization)
(Name of limited liability company)
DELAMADE.
DELAWARE
(Jurisdiction of its organization)
M0000001393
(Florida Document Number)
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.
This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.
501 EAST CAMINO REAL
(Mailing address)
BOCA RATON, FL 33432
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
(Signature of member or authorized representative of a member)
DENNIS McDONAGH
(Typed or printed name of signee)

Filing Fee: \$25.00