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TO:	Registration Section Division of Corporations		
SUBJE	PDS HOLDCO LLC		
0000		eign Limited Liability	Company)
Dear Sir	or Madam:		
The enc	losed withdrawal and fec(s) are submitte	d for filing.	
Please r	eturn all correspondence concerning this	matter to the following	g:
Chris	topher G. Commander		
	(Name of Person)		_
Holla	and & Knight LLP		_
	(Firm/Company)		
50 N.	Laura Street, Suite 3900		_
	(Address)		
Jackso	onville, FL 32202		
·	(City/State and Zip Cod	c)	_
For furti	ner information concerning this matter, p	lease call:	
Chris	topher G. Commander, Esq.	at (904	798-7256
	(Name of Person)	(Area Code o	& 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
Enclose	d is a check for the following amount:		
□\$25 F	Filing Fee S30 Filing Fee & Certificate of Status	S\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Cony

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

PDS HOLDCC	DILLC		
	(Name of limited liability company)	20	
Delaware		2023 APR	Ţ
	(Jurisdiction of its organization)		
02/19/14			
	(Date registered with Florida Department of State)		
M1400000116	2	<u></u>	7
	(Florida Document Number)	1 7 72	
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	The state of the s		
	(Signature of authorized representative)		
	Heinrich von Hanau		
	(Typed or printed name of signee)		

Filing Fee: \$25.00