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Michael G. Adams Kentucky Secretary of State Received and Filed: 9/23/2024 2:39 PM Fee Receipt: \$40.00

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		e of Withdrawal Business Entity)		WFE
Pursuant to the provisions of KR business entity named below an				awal on behalf of the
1. The name of the business en	tity is T & M Avial	tion, Inc. ust be identical to the nar	me on record with t	ne Secretary of State.)
2. The state or country of forma	tion is			
3. The Secretary of State may fo on the Secretary of State and				
9 Jimmy C Vorhoff Dr		Abbeville	LA	70510
Street Address (No Post Office Bo	ox Numbers)	City	State	Zip Code

4. The business entity is not transacting business in the Commonwealth and surrenders its authority to transact business in the Commonwealth or pursuant to KRS 14A.9-010(7) the business entity is a foreign insurer with a certificate of authority from the commissioner of the Department of Insurance.

5. The business entity revokes the authority of its registered agent to accept service of process on its behalf and appoints the Secretary of State as its agent for service of process in any proceeding based on a cause of action arising during the time it was authorized to transact business in the Commonwealth. The business entity shall notify the Secretary of State in the future of any change in its mailing address.

6. This application will be effective upon filing.

I declare under benalty of perjury	under the laws of Kentucky that the forgoing is true and correct.	
Momes K.	Nolt Thomas Wolf	

Signature of Authorized Representative

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09/05/24

Printed Name

Date

(02/23)