

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

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Michael G. Adams  
KY Secretary of State  
Received and Filed

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Michael G. Adams  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

**Certificate of Withdrawal of  
Assumed Name**

**CWA**

Pursuant to the provisions of KRS 365.015(5), the undersigned applicant applies to withdraw an assumed name, and for that purpose, submits the following statements:

1. The assumed name to be withdrawn is:

**EMPYREAN HOME CARE, LLC**

2. The assumed name has been discontinued by:

**ARAA HOME CARE LLC**

3. The date the original certificate was filed:

**Sunday, November 19, 2023**

4. The mailing address is:

**2719 LETAP COURT, STE 1A, 2719 LETAP COURT, STE 1A, LAND O LAKES FL 34638**

5. I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

**Rori N. Alston**

11/20/2023