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Michael G. Adams Kentucky Secretary of State Received and Filed: 7/12/2022 4:00 PM Fee Receipt: \$20.00

dwilliams

**CWA** 

WTH

## **COMMONWEALTH OF KENTUCKY** MICHAEL G. ADAMS, SECRETARY OF STATE

**Division of Business Filings** P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov

**Certificate of Withdrawal of Assumed Name** (Domestic or Foreign Business Entity)

Pursuant to the provisions of KRS 365, the undersigned applicant applies to withdraw an assumed name and, for that purpose, submits the following statements:

assumed	name to	be	withdrawn	is	420	Liquor
	assumed	assumed name to	assumed name to be	assumed name to be withdrawn	assumed name to be withdrawn is	e assumed name to be withdrawn is $420$

١.	(The name must be identical to the name on record with the Secretary of State.)							
2.	The assumed name has been discontinued by (Must be the exact name of the entity or partners)							
	This application will be effective upon filing.							
4.	The date the original certificate was filed: 03/22/2019							
	The "real name" is (you must check one):							
	a Domestic General Partnership	a Foreig	gn General Partnership					
	a Domestic Limited Liability Partnership	a Foreig	an Limited Liability Partners	ship				
	a Domestic Limited Partnership	a Foreig	gn Limited Partnership					
a Domestic Business Trust			a Foreign Business Trust					
	a Domestic Corporation	a Foreig	gn Corporation					
	xa Domestic Limited Liability Company	a Foreig	gn Limited Liability Compar	лу				
6.	The mailing address is:							
	20 North Broadway	Seorgetown	KY	40324				

Georgetown 420 North Broadway State City Street Address or Post Office Box Numbers

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

mendez

Rebecca Hernandez **Printed Name** 

Member

Title

7/7/2022

Zip