

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

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Michael G. Adams  
Secretary of State  
Received and Filed  
2/11/2025 11:03:36 PM  
Fee receipt: \$40

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

**Statement of Resignation of  
Registered Agent**

**SRA**

Pursuant to the provisions of KRS 14A, the undersigned applies for a certificate of withdrawal on behalf of the business entity named below and, for that purpose, submits the following statements:

1. The name of the business entity is: **NATURE MED LLC**
2. The name of the document to be withdrawn:

**Articles of Organization**

3. The date of the document was filed in Kentucky: **02/11/2025**
4. The document has been withdrawn in accordance with the agreement of the parties.
5. This filing will be effective on **Tuesday, February 11, 2025**.

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

Signature of individual signing on behalf of Authorized  
Representative: **CHINTAN PATEL**