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Michael G. Adams Kentucky Secretary of State Received and Filed: 8/29/2024 2:00 PM Fee Receipt: \$40.00

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		te of Withdrawal Business Entity)		WFE
Pursuant to the provisions of KR business entity named below and	d, for that purpos	e, submits the following st		awal on behalf of the
1. The name of the business en	uty is	on Ver Mac Incorporated		0
	•	nust be identical to the nan	ne on record with th	e Secretary of State.)
2. The state or country of forma	tion is California			
3. The Secretary of State may for on the Secretary of State and 3479 Pollok Drive, Conr	orward to the bus d commits to notif			
Street Address (No Post Office Bo		City	State	Zip Code
 4. The business entity is not transin the Commonwealth or pursual authority from the commissioner 5. The business entity revokes appoints the Secretary of State aduring the time it was authorized of State in the future of any chance. 6. This application will be effective 	nt to KRS 14A.9-(of the Departmenthe authority of itself its agent for self to transact busing a mailing a	010(7) the business entity nt of Insurance. s registered agent to acce rvice of process in any propess in the Commonwealth	ept service of proce	r with a certificate of ss on its behalf and a cause of action arising
I declare under penalty of perjury	y under the laws o	of Kentucky that the forgo	ing is true and corr	ect.
Jonathan Roy-Les	may	Jonathan Roy-Lei	may	2024-07-29
Signature of Authorized Representation	ıtative	Printed Name		Date

FILING INSTRUCTIONS CERTIFICATE OF WITHDRAWAL OF A FOREIGN BUSINESS ENTITY

NAME

Use the exact name of the business entity as registered on file with the Office of the Secretary of State.

DOCUMENT DELIVERY

A file stamped postcard will be sent to the principal office address. If the applicant wishes for the document to be sent to an alternate address other than the principal office, a request must be submitted in writing affirming that request. Alternate address requests must be submitted with each document filed with the Office of the Secretary of State.

WHO MAY SIGN

The document must be signed by an officer, chairman of the board, member, manager, partner or trustee.

NUMBER OF COPIES

If filing via mail or in person, one exact or conformed copy of the documents with the filing fee must be submitted to the address below. To make a copy of the filing for delivery to the local county clerk's office, visit www.sos.ky.gov and print a copy from the organization search tool.

EFFECTIVE DATE AND TIME

The document will be effective on the date and time of filing.

FILING FEE

The filing fee for this document is \$40.00. Checks should be made payable to the "Kentucky State Treasurer."

MAILING ADDRESS

Michael Adams Office of the Secretary of State P.O. Box 718 Frankfort, KY 40602-0718

OFFICE LOCATION

Room 152, Capitol Building 700 Capital Avenue Frankfort, KY 40601

Hours of Operation: 8:00 AM-4:30 PM ET

CONTACT INFORMATION

If you have any questions, please feel free to visit our website at www.sos.ky.gov or call 502-564-3490.