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Michael G. Adams Kentucky Secretary of State Received and Filed:

2/24/2025 3:14 PM Fee Receipt: \$40.00

WFE



COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Certificate of Withdrawal

P.O. Box 718	Certificate of Withdrawai	VVI	-=
Frankfort, KY 40602	(Foreign Business Entity)		
(502) 564-3490			
www.sos.ky.gov	li li		
business entity named below an	S 14A - 030 the undersigned applies for a c d, for that purpose, submits the following sta		nalf of the
1. The name of the business en	tity is APX Franchising Company, LLC (The name must be identical to the name	ne on record with the Secretary	of State)
	A TOTAL CONTRACTOR AND A STREET	ie on record with the occidenty	or otate.,
2. The state or country of forma	tion is Delaware		
The Secretary of State may for on the Secretary of State and	orward to the business entity at the following d commits to notify the Secretary of State of	g street address any process of any future changes to this ad	served ldress:
7313 Bell Creek Road	Mechanicsville	VA	23111
Street Address (No Post Office Bo	ox Numbers) City	State	Zip Code
in the Commonwealth or pursua	nsacting business in the Commonwealth an nt to KRS 14A.9-010(7) the business entity of the Department of Insurance.		
appoints the Secretary of State a	the authority of its registered agent to accepts its agent for service of process in any product to transact business in the Commonwealthinge in its mailing address.	oceeding based on a cause of	action arising
6. This application will be effecti	ive upon filing.		
I dealers and a manally of a silver	daabba lawa of Kantualiu bhat the feere-	ing in two and page at	
	y under the laws of Kentucky that the forgoi	ng is true and correct.	
Stephane Honay	STEPHANIE HENG	CZ, ASSISTANT SECRETARY	12/10/2024
Signature of Authorized Represer	ntative Printed Name		Date

(02/23)

Division of Business Filings