0645418.06

dwilliams AGD

Michael G. Adams Kentucky Secretary of State Received and Filed: 3/24/2022 3:17 PM Fee Receipt: \$0.00



## COMMONWEALTH OF KENTUCKY MICHAEL ADAMS, SECRETARY OF STATE

| Division of Business Filings<br>P.O. Box 718<br>Frankfort, KY 40602<br>(502) 564-3490<br>www.sos.ky.gov | Statement of Resignation of Registered (Domestic or Foreign Business Entity)                                  | l Agent SRA                       |  |
|---|---|-----------------------------------|--|
|   | KRS Chapter 14A and 271B, 273, 274, 275, 362 or 386, and, for that purpose, submits the following statements: | the undersigned applies for       |  |
| 1. I, Kentucky Lenders Assista  | nce, Inc.   | , do hereby                       |  |
| resign as registered age discontinue the register   |   |                                   |  |
| 2. The business entity which I a  | am resigning from is Backwoods Boys, LLC (#0645418)   |                                   |  |
| 2. The positions office, the second   | (The name must be identical to the name on reco   | ord with the Secretary of State.) |  |
| 3. The business is:  a corpo  | oration (KRS 271B, KRS 273 or KRS 274);   |                                   |  |
| ✓ a limite  | a limited liability company (KRS 275);  |                                   |  |
| a limite  | a limited partnership (KRS 362);  |                                   |  |
| a limite  | a limited liability partnership (KRS 362); or   |                                   |  |
| a busir   | ness trust (KRS 386)  |                                   |  |
| 4. The business entity was orga   | anized and exists in the state or country of KY   | ·                                 |  |
| 5. The mailing address of the re  | esigning agent:   |                                   |  |
| 828 Lane Allen Road Ste. 219  | Lexington KY  | 40504                             |  |
| Street Address or Post Office Box Nu  | umbers City Stat  | e Zip                             |  |
| The agency appointment sha<br>the date on which the statem  | all be terminated and the registered office discontinued, if so parent is filed.                              | provided, on the 31st day after   |  |
| I declare under penalty of perjur   | ry under the laws of Kentucky that the forgoing is true and cor   | rect.                             |  |
| 200   | Dawn Osborne  | 3/24/2022                         |  |
| Signature of Registered Agent   | Printed Name  | Date                              |  |