(07/20)

0968219.06 Michael G. Adams

Kentucky Secretary of State Received and Filed: 1/3/2023 8:33 AM Fee Receipt: \$40.00

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Withdrawal (Foreign Business Entity)	WFE
business entity named below an	S 14A - 030 the undersigned applies for a certificate c d, for that purpose, submits the following statements:	
1. The name of the business en	tity is PetVet Care Centers (Kentucky) (The name must be identical to the name on record	, LLC d with the Secretary of State.)
2. The state or country of forma	tion is	
, j	prward to the business entity at the following street ad	51

One Gorham Island, Suite 300	Westport	CT	06880
Street Address (No Post Office Box Numbers)	City	State	Zip Code

4. The business entity is not transacting business in the Commonwealth and surrenders its authority to transact business in the Commonwealth or pursuant to KRS 14A.9-010(7) the business entity is a foreign insurer with a certificate of authority from the commissioner of the Department of Insurance.

5. The business entity revokes the authority of its registered agent to accept service of process on its behalf and appoints the Secretary of State as its agent for service of process in any proceeding based on a cause of action arising during the time it was authorized to transact business in the Commonwealth. The business entity shall notify the Secretary of State in the future of any change in its mailing address.

6. This application will be effective upon filing.

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

Signature of Authorized Representative

Printed Name

November 18, 2022 Date



glowe WTH



Gino Volpacchio