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Michael G. Adams Kentucky Secretary of State Received and Filed: 1/3/2025 2:46 PM Fee Receipt: \$40.00



COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

P.O. Box 718 Frankfort, KY 40602 (502) 564-3490		of Withdrawal siness Entity)		WFE
www.sos.ky.gov				
Pursuant to the provisions of KR business entity named below and	d, for that purpose, su	ubmits the following st		val on behalf of the
1. The name of the business en	McGriff Tire Ir	ıc.		
	(The name must	be identical to the nan	ne on record with the	Secretary of State.)
2. The state or country of forma	tion is Alabama			
The Secretary of State may for on the Secretary of State and	orward to the busines d commits to notify the	s entity at the following Secretary of State of	g street address any of any future changes	process served to this address:
86 WALNUT STREET		CULLMAN	AL	35055
Street Address (No Post Office Box Numbers)		City	State	Zip Code
 The business entity is not train the Commonwealth or pursual authority from the commissioner The business entity revokes appoints the Secretary of State aduring the time it was authorized of State in the future of any character. This application will be effective. 	nt to KRS 14A.9-010(of the Department of the authority of its reg as its agent for service to transact business age in its mailing addr	7) the business entity Insurance. gistered agent to acce of process in any proint the Commonwealth	ept service of process	with a certificate of s on its behalf and cause of action arising
I declare under penalty of perjun	y under the laws of Ke	entucky that the forgo	ing is true and correc	t.
C4C3E31B5DD24B7		Barry McGriff		12/27/2024
Signature of Authorized Represer	ntative	Printed Name		Date