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Michael G. Adams Kentucky Secretary of State Received and Filed: 1/11/2023 10:04 AM 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	Certificate of Withdrawal (Foreign Business Entity)	WFE
	S 14A - 030 the undersigned applies for a certificate of d, for that purpose, submits the following statements:	withdrawal on behalf of the
The name of the business en		
	(The name must be identical to the name on record	with the Secretary of State.)
2. The state or country of forma	tion is DELAWARE	
3. The Secretary of State may for	orward to the business entity at the following street add d commits to notify the Secretary of State of any future	
900 Cottage Grove Rd.	Bloomfield CT	06002
Street Address (No Post Office Bo	ox Numbers) City State	Zip Code
in the Commonwealth or pursuant from the commissioner of the De 5. The business entity revokes the Secretary of State as its age.	he authority of its registered agent to accept service of part for service of process in any proceeding based on a cut business in the Commonwealth. The business entity sailing address.	process on its behalf and appoints cause of action arising during the
I declare under penalty of perium	y under the laws of Kentucky that the forgoing is true ar	and correct
racolate under periatry or perjury	y direct the laws of Nerthbory that the longoing is the al	id confect.
Jan Keren	LYNN PEREZ	1/9/2023
Signature of Authorized Represer	ntative Printed Name	Date