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WBE**Michael G. Adams**
Kentucky Secretary of State
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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

Withdrawal of Filing Before Effectiveness
(Domestic or Foreign Entity)

WBE

Pursuant to the provisions of KRS 14A, the undersigned applies for a certificate of withdrawal on behalf of the business entity named below and, for that purpose, submits the following statements:

1. The name of the business entity is SB Distributing LLC.
(The name must be identical to the name on record with the Secretary of State.)
2. The name of the document to be withdrawn Articles of Organization.
3. The date the document was filed in Kentucky 12/4/2024.
4. The document has been withdrawn in accordance with the agreement of the parties.
5. 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.

Sean Bates

12/9/2024

Signature of Authorized Agent

Printed Name

Date

Signature of Authorized Agent

Printed Name

Date

**FILING INSTRUCTIONS
WITHDRAWAL OF FILING BEFORE EFFECTIVENESS**

NAME

Use the exact name of the business entity as registered on file with the Office of the Secretary of State.

PRINCIPAL OFFICE ADDRESS

The principal office is the office (in or out of this state) so designated in writing with the Office of the Secretary of State where the principal designated office of the business entity is located. This address is where all correspondence from the Office of the Secretary of State (See Document Delivery) will be mailed.

DOCUMENT DELIVERY

A file stamped postcard will be sent to the principal office address. If the applicant wishes for the document to be sent to an alternate address other than the principal office, a request must be submitted in writing affirming that request. Alternate address requests must be submitted with each document filed with the Office of the Secretary of State.

WHO MAY SIGN

The document must be signed by an officer, chairman of the board, member, manager or a partner.

EFFECTIVE DATE AND TIME

The document will be effective on the date and time of filing.

NUMBER OF COPIES

If filing via mail or in person, one exact or conformed copy of the documents with the filing fee must be submitted to the address below. To make a copy of the filing for delivery to the local county clerk's office, visit www.sos.ky.gov and print a copy from the organization search tool.

FILING FEE

The filing fee for this document is equal to that of the filed document that is being withdrawn. Checks should be made payable to the "Kentucky State Treasurer."

MAILING ADDRESS

Michael Adams
Office of the Secretary of State
P.O. Box 718
Frankfort, KY 40602-0718

OFFICE LOCATION

Room 152, Capitol Building
700 Capital Avenue
Frankfort, KY 40601
Hours of Operation: 8:00 AM-4:30 PM ET

CONTACT INFORMATION

If you have any questions, please feel free to visit our website at www.sos.ky.gov or call 502-564-3490.