(02/23)

9/9/2024 11:08 AM Fee Receipt: \$40.00

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Cartificate of Withdrawal

P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		Business Entity)		VVFL
Pursuant to the provisions of KR business entity named below and				awal on behalf of the
1. The name of the business en	tity is <u>LOJ</u> (The name mu	ust be identicatio the nai	ne on record with th	e Secretary of State.)
2. The state or country of format	ion is	xas		·
3. The Secretary of State may for on the Secretary of State and				
une love A.	e Ste 300	Dallas	TV	75204
Street Address (No Post Office Bo	x 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.

Division of Business Filings

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

Orofrepa Xis nsin Signature of Authorized Representative Printed Name



1251127.06

Michael G. Adams

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VALEE

Kentucky Secretary of State Received and Filed:

FILING INSTRUCTIONS CERTIFICATE OF WITHDRAWAL OF A FOREIGN BUSINESS ENTITY

NAME

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

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, partner or trustee.

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.

EFFECTIVE DATE AND TIME

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

FILING FEE

The filing fee for this document is \$40.00. 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.