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Michael G. Adams Kentucky Secretary of State Received and Filed: 1/2/2025 2:42 PM 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
business entity named below and	S 14A - 030 the undersigned applies for a cd, for that purpose, submits the following st	atements:	wal on behalf of the
The name of the business en	tity is ALLIANCE RETAIL SOLUTIONS, LL	C	
	(The name must be identical to the name	e on record with the	Secretary of State.)
2. The state or country of format	tion is Ohio		·
3. The Secretary of State may for	orward to the business entity at the following dommits to notify the Secretary of State of		
6161 Oak Tree Blvd, Suite 300	Independance	OH	44131
Street Address (No Post Office Bo	ox Numbers) City	State	Zip Code
in the Commonwealth or pursuar authority from the commissioner 5. The business entity revokes appoints the Secretary of State a during the time it was authorized of State in the future of any chan	the authority of its registered agent to access its agent for service of process in any proto transact business in the Commonwealth ge in its mailing address.	is a foreign insurer version of service of processoceeding based on a	with a certificate of s on its behalf and cause of action arising
This application will be effective	ve upon filing.		
I declare under penalty of perjury	under the laws of Kentucky that the forgoi	ng is true and correc	ot.
/s/MATT LYON	MATT LYON, MA	NAGER	12/23/2024
Signature of Authorized Represen	tative Printed Name		Date