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Michael G. Adams Kentucky Secretary of State Received and Filed: 7/26/2023 2:29 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
	RS 14A - 030 the undersigned applies for a certificate on nd, for that purpose, submits the following statements:	
1. The name of the business e	ntity is DG Danville KY LLC (The name must be identical to the name on recor	d with the Secretary of State.)
2. The state or country of form	ation is	
	forward to the business entity at the following street ad nd commits to notify the Secretary of State of any future	
ONE CVS DRIVE	WOONSOCKET RI	02895

ONE CVS DRIVE	WOONSOCKET	IG .	02075
Street Address (No Post Office Box 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.

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

Signature of Authorized Representative	Printed Name	Date
milance & day	Melanie K St Angelo, Secretary	7/25/2023

(02/23)