Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
Secretary of State
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Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
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Certificate of Withdrawal of Assumed Name

CWA

Pursuant to the provisions of KRS 365, the undersigned applicant applies to withdraw an assumed name and, for that purpose, submits the following statements:

1. The assumed name is:

STONERIDGE HEALTHCARE PARTNERS

2. The assumed name has been discontinued by

Business Development Resources, LLC

3. This filing will be effective on **Monday, September 16, 2024**.

4. The date the original certificate was filed:

Saturday, February 18, 2023

5. The mailing address of the entity's principal office is

1129 EVERETT AVE, LOUISVILLE, KY 40204

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

Signature of individual signing on behalf of **Managing Director:**
Brian Bruenderman
9/16/2024 2:26:15 PM