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Michael G. Adams Kentucky Secretary of State Received and Filed: 1/3/2024 10:57 AM 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 | Cancellation of Statement (Limited Liability Partnership) | of Qualification CSQ |
|---|--|--|
| Pursuant to the provisions of KR | S 14A and KRS 362, the undersigned appli | es to cancel a statement of qualification. |
| 1. The name of the limited liabilit HOUSE of PAYA (The name must be identical to the | y partnership is: VE LLC LimitCO LiABI e name on record with the Secretary of State | LITY PARTNERSHIP |
| 2. The date the Statement of Qu | ualification was filed with the Office of the So | ecretary of State oZ/18/23 |
| 3. This application will be effecti | | |
| 4. The limited liability partnershi | p cancels its Statement of Qualification. | |
| I/We declare under penalty of pe | erjury under the laws of the state of Kentuck | sy that the foregoing is true and correct. |
| Thomas H. Jank | THOMAS A. LANDE | R 01-03-24 |
| Signature of Partner | Printed Name | Date |
| Signature of Partner | Printed Name | Date |
| | | |

336-266-5366 - mobile #



Kentucky Secretary of State Michael G. Adams

House of Payne LLC Limited Liability Partnership

File Annual Report

Change Address or Registered Agent

File Certificate of Assumed Name (DBA)

File Dissolution

Upload a filing

File Registered Agent Resignation

Printable Forms

Subscribe to changes made to this entity

General Information

Organization Number

1261141

Name

House of Payne LLC Limited Liability Partnership

Company Type

KNL - Kentucky RUPA Limited Liability Partnership

Status

A - Active

Standing

G-Good

State

KY **USA**

Country

2/18/2023 11:17:33 AM

File Date Organization Date

2/18/2023 11:17:33 AM

Last Annual Report

N/A

Principal Office

475 Paynes Depot Rd

Lexington, KY 40511

Registered Agent

Thomas A Lander

455 Paynes Rd