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ASN

## **Commonwealth of Kentucky** Michael G. Adams, Secretary of St Ky Secretary of State

Michael G. Adams Received and Filed 7/31/2023 11:24:55 AM Fee receipt: \$20.00

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Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

## **Certificate of Assumed Name**

Pursuant to the provisions of KRS 365.015, the undersigned hereby applies to assume a name, and for that purpose, submits the following statements:

1. The assumed name is:

# HOLLIWOOD TERMINAL

2. The name of the business entity that is adopting the assumed name is:

## **LIVINGSTON 14, LLC**

- This application will be effective upon filing. 3.
- The mailing address is: 4.

#### 1650 MURFREESBORO RD SUITE 125, FRANKLIN TN 37067

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true 5. and correct.

> Linda Feece Authorized agent 7/31/2023