

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

1208042
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KY Secretary of State
Received and Filed
11/21/2023 3:10:38 PM
Fee receipt: \$0.00

Michael G. Adams
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**Statement of Resignation of
Registered Agent**

SRA

Pursuant to the provisions of KRS 14A.4-030, the undersigned applies for resignation of registered agent and, for that purpose, submits the following statements:

1. I, **MAXINE LAMB**, do hereby

**resign as registered agent and
discontinue the registered office address
213 N 4th St
Scottsville, KY 42164**

2. The business entity which I am resigning from is

Scottsville Women's Shelter LC

3. The business is **a limited liability company (KRS 275)**

4. The business entity was organized and exists in the state or country of **KY**

5. The agency appointment shall be terminated, and the registered office discontinued, if so provided, on the earlier of:

- (a) The appointment of a seccessor registered agent and, if applicable, registered office; or
- (b) The thirty-first day after the date on which the statement of resignation was filed.

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

MAXINE LAMB
11/21/2023