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Michael G. Adams **Kentucky Secretary of State** Received and Filed: 2/3/2025 2:45 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 Withdraw (Foreign Business Entity)	al	WFE
	S 14A - 030 the undersigned applies f d, for that purpose, submits the followi		awal on behalf of the
1. The name of the business en	tity is RHINOAG LLC (The name must be identical to the	name on record with th	o Socratary of State)
	(The name must be identical to the	e name on record with th	e Secretary of State.)
2. The state or country of forma	tion is Delaware		
3. The Secretary of State may for	orward to the business entity at the foll d commits to notify the Secretary of St		
1627 E. Walnut St.	Seguin	TX	78155
Street Address (No Post Office Bo	ox Numbers) City	State	Zip Code
in the Commonwealth or pursua authority from the commissioner 5. The business entity revokes appoints the Secretary of State a		entity is a foreign insurer accept service of procesty by proceeding based on	ss on its behalf and a cause of action arising
I declare under penalty of perjury	y under the laws of Kentucky that the f	orgoing is true and corre	ect.
Laua Korosec	Kara Korosec		1/31/2025
Signature of Authorized Represen	ntative Printed Name		Date

Division of Business Filings