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Michael G. Adams Kentucky Secretary of State Received and Filed: 5/25/2023 1:00 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		e of Withdrawal Business Entity)		WFE
Pursuant to the provisions of KR business entity named below and	S 14A - 030 the u d, for that purpose	indersigned applies for a e, submits the following s	a certificate of withdrastatements:	awal on behalf of the
1. The name of the business en	tity is <u>Bric Partners</u> (The name m	ship, LLC nust be identical to the na	ame on record with th	e Secretary of State.)
2. The state or country of formation	tion is			
3. The Secretary of State may for on the Secretary of State and	orward to the busi d commits to notif	iness entity at the followi y the Secretary of State	ing street address ar of any future change	y process served as to this address:
1321 Dannehold Farms Drive		Waterloo	IL	62298
Street Address (No Post Office Bo	ox Numbers)	City	State	Zip Code

4. The business entity is not transacting business in the Commonwealth and surrenders its authority to transact business in the Commonwealth or pursuant to KRS 14A.9-010(7) the business entity is a foreign insurer with a certificate of authority from the commissioner of the Department of Insurance.

5. The business entity revokes the authority of its registered agent to accept service of process on its behalf and appoints the Secretary of State as its agent for service of process in any proceeding based on a cause of action arising during the time it was authorized to transact business in the Commonwealth. The business entity shall notify the Secretary of State in the future of any change in its mailing address.

6. This application will be effective upon filing.

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

Signature of Authorized Representative

FRIC R. ROGERS

05.27.23 Date

**Printed Name**