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Michael G. Adams  
Kentucky Secretary of State  
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**COMMONWEALTH OF KENTUCKY**  
**MICHAEL G. ADAMS, SECRETARY OF STATE**

Division of Business Filings  
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Frankfort, KY 40602  
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**Cancellation of Statement of Qualification**  
(Limited Liability Partnership)

**CSQ**

Pursuant to the provisions of KRS 14A and KRS 362, the undersigned applies to cancel a statement of qualification.

1. The name of the limited liability partnership is:  
Quality Time Family Visitation Center LLP

(The name must be identical to the name on record with the Secretary of State)

2. The date the Statement of Qualification was filed with the Office of the Secretary of State 7/10/2020

3. This application will be effective upon filing.

4. The limited liability partnership cancels its Statement of Qualification.

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

Handwritten signature of Catelen Duerr in black ink.

Signature of Partner

**Catelen Duerr**

Printed Name

**07/23/2024**

Date

Signature of Partner

Printed Name

Date