	ALISON LUNDERGAN GRIMES, SECRETARY OF STATE	
Division of Business Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Filings Statement of Resignation of Registered Ager (Domestic or Foreign Business Entity)	nt SRA
	ions of KRS Chapter 14A and 271B, 273, 274, 275, 362 or 386, the d agent and, for that purpose, submits the following statements:	undersigned applies for
1. I, Rocket Law	yer Corporate Services LLC	, do hereby
🖾 resign as regist	tered agent: and/or	
	registered office address	
2 The business entity	which I am resigning from is Wireman Services and Install L	
2. The business entity	(The name must be identical to the name on record v	
<ol> <li>The business entry</li> <li>The business is:</li> </ol>	(The name must be identical to the name on record v	
3. The business is:	(The name must be identical to the name on record v a corporation (KRS 271B, KRS 273 or KRS 274);	
3. The business is:	a corporation (KRS 271B, KRS 273 or KRS 274); a limited liability company (KRS 275);	
3. The business is:	(The name must be identical to the name on record v a corporation (KRS 271B, KRS 273 or KRS 274); a limited liability company (KRS 275); a limited partnership (KRS 362);	
3. The business is:	(The name must be identical to the name on record v a corporation (KRS 271B, KRS 273 or KRS 274); a limited liability company (KRS 275); a limited partnership (KRS 362); a limited liability partnership (KRS 362); or	
3. The business is:	(The name must be identical to the name on record v a corporation (KRS 271B, KRS 273 or KRS 274); a limited liability company (KRS 275); a limited partnership (KRS 362); a limited liability partnership (KRS 362); or a business trust (KRS 386)	
<ul> <li>3. The business is:</li> <li>2</li> <li>4. The business entity</li> </ul>	(The name must be identical to the name on record v a corporation (KRS 271B, KRS 273 or KRS 274); a limited liability company (KRS 275); a limited partnership (KRS 362); a limited liability partnership (KRS 362); or a business trust (KRS 386) was organized and existing in the state or country of <u>KY</u>	
<ul> <li>3. The business is:</li> <li>2. The business entity</li> <li>5. The mailing address</li> </ul>	(The name must be identical to the name on record v a corporation (KRS 271B, KRS 273 or KRS 274); a limited liability company (KRS 275); a limited partnership (KRS 362); a limited liability partnership (KRS 362); or a business trust (KRS 386)	

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Michael G. Adams

Kentucky Secretary of State Received and Filed: 7/31/2024 9:11 AM Fee Receipt: \$0.00

mmoore AGD

the date on which the statement is filed.

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

Edina Munz	EDNA PERRY	7/30/2024
Signature of Registered Agent	Printed Name	Date
	ASST. SECRETARY	
	Rocket Lawyer Corporat	e Services LLC

## FILING INSTRUCTIONS STATEMENT OF RESIGNATION OF REGISTERED AGENT

#### NAME

Use the exact name of the business entity as registered on file with the Office of the Secretary of State.

#### PRINCIPAL OFFICE ADDRESS

The principal office is the office (in or out of this state) so designated in writing with the Office of the Secretary of State where the principal designated office of the business entity is located. This address is where all correspondence from the Office of the Secretary of State (See Document Delivery) will be mailed.

# DOCUMENT DELIVERY

A file stamped postcard will be sent to the principal office address. If the applicant wishes for the document to be sent to an alternate address other than the principal office, a request must be submitted in writing affirming that request. Alternate address requests must be submitted with each document filed with the Office of the Secretary of State.

# DELAYED EFFECTIVE DATE AND TIME

The document will be effective on the date and time of filing, unless a delayed effective date and/or time is specified. The effective date or the delayed effective date cannot be prior to the date the application is filed. A delayed effective date may not be later than the 90<sup>th</sup> day after the date of filing.

## WHO MAY SIGN

The document must be signed by the registered agent.

## NUMBER OF COPIES

If filing via mail or in person, one exact or conformed copy of the documents with the filing fee must be submitted to the address below. To make a copy of the filing for delivery to the local county clerk's office, visit www.sos.ky.gov and print a copy from the organization search tool.

## FILING FEE

There is no filing fee for filing this document.

#### MAILING ADDRESS

Alison Lundergan Grimes Office of the Secretary of State P.O. Box 718 Frankfort, KY 40602-0718

## **OFFICE LOCATION**

Room 154, Capitol Building 700 Capital Avenue Frankfort, KY 40601 Hours of Operation: 8:00 AM-4:30 PM ET

# **CONTACT INFORMATION**

If you have any questions, please feel free to visit our website at www.sos.ky.gov or call 502-564-3490.