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Michael G. Adams Kentucky Secretary of State Received and Filed: 11/13/2023 2:31 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	Cancellation of Statement of (Limited Liability Partnership)	Qualification CSQ
Pursuant to the provisions of KR	S 14A and KRS 362, the undersigned applies	to cancel a statement of qualification.
The name of the limited liability ECS Southeast, LLP		
(The name must be identical to the	ne name on record with the Secretary of State)	01/30/2006
2. The date the Statement of Q	ualification was filed with the Office of the Sec	retary of State
3. This application will be effect		
4 The limited liability partnersh	nip cancels its Statement of Qualification.	
		that the foregoing is true and correct
I/We declare under penalty of p	perjury under the laws of the state of Kentucky	that the loregoing is the and correct
h	Henry L. Lucas	11/06/2025
Signature of Partner	Printed Name	Date
Signature of Partner	Printed Name	Date