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Michael G. Adams Kentucky Secretary of State Received and Filed: 12/20/2024 6:12 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 ur	ndersigned applies for a ce submits the following stat	ertificate of withdrawal tements:	on behalf of the
1. The name of the business en	tity is	S.A.R.L., LLC ust be identical to the name	on record with the Se	cretary of State
0 The data and 100			on record with the Se	cretary or State.
2. The state or country of format	ion is			
The Secretary of State may for on the Secretary of State and				
46A Avenue J.F. Kennedy, Grand-I	Duchy	of Luxembourg	Luxembourg	L-1855
Street Address (No Post Office Bo	x Numbers)	City	State	Zip Code
 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. 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. 				
This application will be effective	ve upon filing.			
I declare under penalty of perjury	under the laws of	Kentucky that the forgoing	g is true and correct.	
/s/ Michael McAuliffe		Michael McAuliffe		12/12/2024
Signature of Authorized Represen	tative	Printed Name		Date