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Michael G. Adams Kentucky Secretary of State Received and Filed: 3/19/2025 2:48 PM Fee Receipt: \$40.00

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

P.O. Box 718 Frankfort, KY 40602 (502) 564-3490	Certificate of Withdrawal (Foreign Business Entity)		WFE
www.sos.ky.gov			
	S 14A - 030 the undersigned applies for a d, for that purpose, submits the following st		wal on behalf of the
1. The name of the business en	tity is Arbor Point Advisors, LLC		
	(The name must be identical to the name	ne on record with the	Secretary of State.)
2. The state or country of forma	tion is Nebraska		
3. The Secretary of State may for	orward to the business entity at the following commits to notify the Secretary of State of		
12325 Port Grace Blvd	La Vista	NE	68128
Street Address (No Post Office Bo	ox Numbers) City	State	Zip Code
in the Commonwealth or pursual authority from the commissioner 5. The business entity revokes appoints the Secretary of State a	the authority of its registered agent to access its agent for service of process in any proto transact business in the Commonwealting in its mailing address.	is a foreign insurer vertice of processoceeding based on a	with a certificate of s on its behalf and cause of action arising
This application will be effective.	ve upon illing.		
I declare under penalty of perjury	under the laws of Kentucky that the forgo	ing is true and correc	ot.
1080-	Nina McKenna, S	ecretary	03/17/2025
Signature of Authorized Represer	tative Printed Name		Date