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Michael G. Adams Kentucky Secretary of State Received and Filed: 6/17/2024 10:46 AM 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	Certificate of Withdrawal (Foreign Business Entity)		WFE
Pursuant to the provisions of KR business entity named below and	S 14A - 030 the undersigned applies for a cd, for that purpose, submits the following st	atements:	wal on behalf of the
1. The name of the business en	ity is Erown & Brown Insurance Agency of The name must be identical to the name		Secretary of State.)
2. The state or country of format	tion is VA		.
The Secretary of State may for on the Secretary of State and	orward to the business entity at the followin d commits to notify the Secretary of State o	g street address any f any future changes	process served to this address:
300 N. Beach St.	Daytona Beach	FL	32114
in the Commonwealth or pursua authority from the commissioner 5. The business entity revokes appoints the Secretary of State a during the time it was authorized	the authority of its registered agent to acce as its agent for service of process in any pr I to transact business in the Commonwealt	ept service of proces	s on its behalf and a cause of action arising
of State in the future of any char			
6. This application will be effect	ive upon filing.		
I declare under penalty of perjur	y under the laws of Kentucky that the forgo	ing is true and corre	ct.
Some	James Lanni		5/8/2004
Signature of Authorized Represe	ntative Printed Name		/ Date