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Michael G. Adams Kentucky Secretary of State Received and Filed: 1/27/2025 2:39 PM

1/27/2025 2:39 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 | Certificate of Withdrawal (Foreign Business Entity) | WFE |
|--|--|---|
| | S 14A - 030 the undersigned applies for a ce d, for that purpose, submits the following sta | |
| 1. The name of the business en | tity is MAVERICK TECHNOLOGIES, LLC (The name must be identical to the name | on record with the Secretary of State.) |
| 2. The state or country of forma | tion is Missouri | |
| | orward to the business entity at the following d commits to notify the Secretary of State of | |
| 1201 S. 2nd Street, | Milwaukee, | WI 53204 |
| Street Address (No Post Office Bo | ox Numbers) City | State Zip Code |
| in the Commonwealth or pursual from the commissioner of the De 5. The business entity revokes the Secretary of State as its age time it was authorized to transact the future of any change in its management. | the authority of its registered agent to accept the authority of its registered agent to accept that for service of process in any proceeding bat the business in the Commonwealth. The busines that alling address. | a foreign insurer with a certificate of authority service of process on its behalf and appoints |
| 6. This application will be effecti | ve upon filing. | |
| | | |
| I declare under penalty of perjury | y under the laws of Kentucky that the forgoin | g is true and correct. |
| Double Who | DANIELLE WHITE | MANAGER 11/14/2024 |
| Signature of Authorized Represer | ntative Printed Name | Date |