

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

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Michael G. Adams  
Secretary of State  
Received and Filed  
5/31/2024 2:49:34 PM  
Fee receipt: \$20

Michael G. Adams  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

**Certificate of Withdrawal of  
Assumed Name**

**CWA**

Pursuant to the provisions of KRS 365, the undersigned applicant applies to withdraw an assumed name and, for that purpose, submits the following statements:

1. The assumed name is:

**ALPHAROOT**

2. The assumed name has been discontinued by

**MILLENNIAL SPECIALTY INSURANCE LLC**

3. This application will be effective on **Friday, May 31, 2024**.

4. The date the original certificate was filed:

**Friday, March 18, 2022**

5. The mailing address of the entity's principal office is

**4211 W. BOY SCOUT BLVD, SUITE 800, TAMPA, FL 33607**

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

Signature of individual signing on behalf of **Special Secretary:**

**Ariana Turoski**

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