

mmoore WTH

Michael G. Adams Kentucky Secretary of State Received and Filed: 9/11/2023 12:51 PM Fee Receipt: \$40.00



# COMMONWEALTH OF KENTUCKY MICHAEL ADAMS, SECRETARY OF STATE

Division of Business Fillngs P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Withd (Foreign Business En		WFE
•	siness entity named below and, 1	or that purpose, subm	ndersigned applies for a certificate its the following statements:
1. The name of the business en			
	(The name must be identical to t	he name on record with the	ie Secretary of State.)
2. The state or country of format	tion is Alabama		
	orward to the business entity at the commits to notify the Secretary		
8401 Arlington Boulevard	Fairfax	VA	22031
Street Address (No Post Office Box No	umbers) City	State	Zip Code
<ul><li>authority from the commissioner</li><li>5. The business entity revokes the Secretary of State as its age</li></ul>	the authority of its registered age nt for service of process in any port t business in the Commonwealth	nt to accept service of occeeding based on a	process on its behalf and appoints cause of action arising during the shall notify the Secretary of State in
	ive upon filing, unless a delayed not be prior to the date the applic		ime is provided. The effective date ective date is
I declare under penalty of perjury	y under the laws of Kentucky that  Donald E.		
Signature of Authorized Representative		The same of the sa	07-25-2023
	T TITLES IN		Saw

# FILING INSTRUCTIONS CERTIFICATE OF WITHDRAWAL OF A FOREIGN BUSINESS ENTITY

### NAME

Use the exact name of the business entity as registered on file with the Office of the Secretary of State.

#### DOCUMENT DELIVERY

A file stamped postcard will be sent to the principal office address. If the applicant wishes for the document to be sent to an alternate address other than the principal office, a request must be submitted in writing affirming that request. Alternate address requests must be submitted with each document filed with the Office of the Secretary of State.

#### WHO MAY SIGN

The document must be signed by an officer, chairman of the board, member, manager, partner or trustee.

#### **NUMBER OF COPIES**

If filing via mail or in person, one exact or conformed copy of the documents with the filing fee must be submitted to the address below. To make a copy of the filing for delivery to the local county clerk's office, visit www.sos.ky.gov and print a copy from the organization search tool.

#### DELAYED EFFECTIVE DATE AND TIME

The document will be effective on the date and time of filing, unless a delayed effective date and/or time is specified. The effective date or the delayed effective date cannot be prior to the date the application is filed. A delayed effective date may not be later than the 90<sup>th</sup> day after the date of filing.

#### **FILING FEE**

The filing fee for this document is \$40.00. Checks should be made payable to the "Kentucky State Treasurer."

#### **MAILING ADDRESS**

Michael Adams
Office of the Secretary of State
P.O. Box 718
Frankfort, KY 40602-0718

#### OFFICE LOCATION

Room 154, Capitol Building 700 Capital Avenue Frankfort, KY 40601

Hours of Operation: 8:00 AM-4:30 PM ET

## **CONTACT INFORMATION**

If you have any questions, please feel free to visit our website at www.sos.ky.gov or call 502-564-3490.