

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

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Michael G. Adams  
Secretary of State  
Received and Filed  
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Michael G. Adams  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
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<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:

**Shelf Genie of Lexington**

2. The assumed name has been discontinued by

**Livingston Solutions, L.L.C.**

3. This application will be effective on **Tuesday, July 9, 2024.**

4. The date the original certificate was filed:

**Monday, April 1, 2024**

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

**516 Maryland Ave Apt 126, Lexington, KY 40508**

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 **Authorized Party:**

**Branden Livingston**

7/9/2024 6:47:00 PM