## Commonwealth of Kentucky Michael G. Adams KY Secretary of St Received and Filed

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

## Statement of Resignation of Registered Agent

**SRA** 

Pursuant to the provisions of KRS 14A.4-030, the undersigned applies for resignation of registered agent and, for that purpose, submits the following statements:

1. I, **FADSAF NBGHNRHG**, do hereby

## resign as registered agent

2. The business entity which I am resigning from is

## **TEST TEST LLP**

- 3. The business is a limited liability partnership (KRS 362)
- 4. The business entity was organized and exists in the state or country of KY
- 5. The agency appointment shall be terminated, and the registered office discontinued, if so provided, on the earlier of:
- (a) The appointment of a seccessor registered agent and, if applicable, registered office; or
- (b) The thirty-first day after the date on which the statement of resignation was filed.

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

FADSAF NBGHNRHG 5/1/2023