#### 49348673

# **Commonwealth of Kentucky** Michael G. Adams, Secretary of St. KY Secretary of State

1275275 Michael G. Adams Received and Filed

10/28/2023 7:21:54 AM Fee receipt: \$20.00

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 365.015(5), the undersigned applicant applies to withdraw an assumed name, and for that purpose, submits the following statements:

1. The assumed name to be withdrawn is:

## **AUTO RESTORE**

2. The assumed name has been discontinued by:

#### **RESTORE LLC**

The date the origional certificate was filed: 3.

Wednesday, May 17, 2023

The mailing address is: 4.

#### **MATTHEW BROWN, RICHMOND KY 40475**

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true 5. and correct.

**Matt Brown** 

10/28/2023