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Michael G. Adams Kentucky Secretary of State Received and Filed: 8/15/2024 10:29 AM Fee Receipt: \$40.00



COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490	Certificate of Withdrawa (Foreign Business Entity)	I	WFE
www.sos.ky.gov		13	
business entity named below and	S 14A - 030 the undersigned applies for d, for that purpose, submits the following	a certificate of withdraw	val on behalf of the
1. The name of the business en	tity is Preacher, LLC		
	(The name must be identical to the	name on record with the	Secretary of State.)
2. The state or country of format	tion is Delaware		
The Secretary of State may for on the Secretary of State and	orward to the business entity at the follow d commits to notify the Secretary of Stat	wing street address any e of any future changes	process served to this address:
205 E Riverside Dr. Suite 1	10 Austin	Texas	78704
Street Address (No Post Office Bo	ox Numbers) City	State	Zip Code
in the Commonwealth or pursuar authority from the commissioner 5. The business entity revokes tappoints the Secretary of State a during the time it was authorized of State in the future of any change.	the authority of its registered agent to ac is its agent for service of process in any to transact business in the Commonwe ge in its mailing address.	city is a foreign insurer water its its a foreign insurer water its accept service of process proceeding based on a	on its behalf and cause of action arising
6. This application will be effective	ve upon filing.		
I declare under penalty of perjury	under the laws of Kentucky that the for		07/31/2024
Signature of Authorized Represent	fative Printed Name		Date