

# COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

0023578.04

dwilliams WTH

Michael G. Adams Kentucky Secretary of State Received and Filed: 7/1/2022 12:31 PM Fee Receipt: \$20.00

Executive Vice President 6-30 -2 222

Title

Date

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Withdrawal (Domestic or Foreign Business		CWA
Pursuant to the provisions of KR submits the following statements	S 365, the undersigned applicant app	lies to withdraw an assumed nam	e and, for that purpose,
1. The assumed name to be wit	hdrawn is Enzweiler Building Ins	titute the name on record with the Secretary o	of State )
2. The assumed name has beer	The Home Builders	Association of Northern Kentucky of the entity or partners)	
3. This application will be effecti 4. The date the original certificat 5. The "real name" is (you must c a Domestic General Par a Domestic Limited Liab a Domestic Limited Part a Domestic Business Tr X a Domestic Corporation	ve upon filing.  te was filed: 4/2/2018  heck one):  tnership  ility Partnership  nership  ust	a Foreign General Partnership a Foreign Limited Liability Partners a Foreign Limited Partnership a Foreign Business Trust a Foreign Corporation a Foreign Limited Liability Compar	
a Domestic Limited Liab  6. The mailing address is:	ility Company	a roreign climited clability compar	19
2751 Circleport Dr.	Erlanger	KY	41018
Street Address or Post Office Box Nur  I declare under penalty of perjury	nbers City  / under the laws of Kentucky that the	State forgoing is true and correct.	Zip

Brian A. Miller

Printed Name

Signature of Authorized Party

## FILING INSTRUCTIONS CERTIFICATE OF WITHDRAWAL OF ASSUMED NAME

#### ASSUMED NAME

The certificate must state the assumed name under which business will be conducted or transacted. The assumed name must be a name that is distinguishable upon the records of the Secretary of State from any other name previously filed and on record with the Secretary of State. A separate certificate must be filed for each assumed name that is being adopted by the business.

KRS 365.015(3) requires the certificate of assumed name for an *individual* (sole proprietorship) to be filed with the county clerk where the person is deemed a resident for the purposes of and under the provisions of KRS Chapter 355. An assumed name registration is effective for a term of five (5) years from the date it is filed with the Secretary of State and may be renewed for a successive term upon filing a renewal certificate. A renewal certificate must be filed with the Secretary of State within six (6) months prior to the expiration date. A renewal certificate filed with the Secretary of State renews the assumed name for a five-year term. The business entity should arrange its own reminder of the renewal deadline, since the Secretary of State is not required to send renewal certificates. Any certificate of assumed name in effect on July 15, 1998, shall continue in effect for five (5) years and may be renewed by filing a renewal certificate with the Secretary of State.

#### **REAL NAME**

The real name is defined as follows:

- The real name of a Domestic General Partnership is the name that includes the real name of each general partner;
- The real name of a Domestic Registered Limited Liability Partnership is the name stated in its statement of registered limited liability partnership filed pursuant to KRS Chapter 362;
- The real name of a Domestic Limited Partnership is the name stated in its Certificate of Limited Partnership filed pursuant to KRS 362;
- The real name of a Domestic Business Trust is the name set forth in its Declaration of Trust;
- The real name of a Domestic Corporation is the name set forth in its Articles of Incorporation;
- The real name of a Domestic Limited Liability Company is the name set forth in its Articles of Organization;
- The real name of a Foreign General or Limited Partnership and of a Foreign Business Trust is the name recognized by the laws of the foreign state under which it is formed as being the real name or the fictitious name adopted for use in this state;
- The real name of a Foreign Limited Liability Partnership is the name stated in its statement of foreign qualification filed pursuant to KRS 362.1
- The real name of a Foreign Corporation is the name set forth in its Articles of Incorporation or the fictitious name adopted for use in this state under KRS 271B.15-060; or
- The real name of a Foreign Limited Liability Company is the name set forth in its articles of organization or the fictitious name adopted for use in this state under KRS 275.410.

#### PRINCIPAL OFFICE ADDRESS

The principal office is the office (in or out of this state) so designated in writing with the Office of the Secretary of State where the principal designated office of the business entity is located. This address is where all correspondence from the Office of the Secretary of State (See Document Delivery) will be mailed.

#### **EFFECTIVE DATE AND TIME**

The document will be effective on the date and time of filing.

#### 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:

- at least one partner authorized to do so by the partners of a Domestic or Foreign General Partnership;
- at least one partner authorized to do so by the partners of a Domestic or Foreign Registered Limited Liability Partnership;
- a general partner of a Domestic or Foreign Limited Partnership;
- · the trustees of a Domestic or Foreign Business Trust;
- · any person authorized to act for the Domestic or Foreign Corporation; or
- a member or manager authorized to act for the Domestic of Foreign Limited Liability Company.

#### 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.

#### **FILING FEE**

The filling fee for this document is \$20.00. 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.