

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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

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WFE

5/6/2024

Date

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		e of Withdrawal Business Entity)		WFE
Pursuant to the provisions of KR business entity named below an	d, for that purpose	e, submits the following s	certificate of withdrav	/al on behalf of the
1. The name of the business en	tity is VetCor of L	ondon LLC nust be identical to the na	me on record with the	Secretary of State.)
2. The state or country of forma	tion is DE			
3. The Secretary of State may f on the Secretary of State an	orward to the bus d commits to notif	iness entity at the following the Secretary of State	of any future changes	to this address:
141 Longwater Drive, Suite 108		Norwell	MA	02061
Street Address (No Post Office B	ox Numbers)	City	State	Zip Code
4. The business entity is not train the Commonwealth or pursua authority from the commissioner	int to KRS 14A.9- r of the Departme	o10(7) the business entilent of Insurance.	ty is a foreign insurer v	Will a certificate of
5. The business entity revokes appoints the Secretary of State during the time it was authorized	ac ite agent for se	arvice of process in any t	proceeding based on a	cause of action anomy

Peter R. DeFeo

Printed Name

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

005 2/24/2022 Walter Vl..... Online

Division of Business Filings

of State in the future of any change in its mailing address.

6. This application will be effective upon filing.

Signature of Authorized Representative