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mmoore WTH

Michael G. Adams Kentucky Secretary of State Received and Filed:

3/27/2025 2:39 PM Fee Receipt: \$40.00

WFE



COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Certificate of Withdrawal

6. This application will be effective to declare under penalty of perjury		Kentucky that the forg	going is true and correc	ot. March <u>20</u> , 2025
6. This application will be effecti		Kentucky that the forg	going is true and correc	ot.
,	ve upon filing.			
of State in the luture of any char				
5. The business entity revokes appoints the Secretary of State a during the time it was authorized of State in the future of any char	as its agent for serv I to transact busine	rice of process in any p ss in the Commonwea	proceeding based on a	cause of action arising
4. The business entity is not train the Commonwealth or pursual authority from the commissioner	nt to KRS 14A.9-01 of the Department	0(7) the business enti of Insurance.	ty is a foreign insurer v	vith a certificate of
Street Address (No Post Office Bo	ox Numbers)	City	State	Zip Code
222 Second Ave S, Suite 1900		Nashville	TN	37201
The Secretary of State may for on the Secretary of State and				
2. The state or country of format	tion is Delaware			·
	(The name mu	st be identical to the n	ame on record with the	Secretary of State.)
1. The name of the business en	tity is SR Garrard, L			
Pursuant to the provisions of KR business entity named below and				wal on behalf of the
(502) 564-3490 www.sos.ky.gov	(, a.a.g.,	,		
Frankfort, KY 40602	I II OI CIUII L	Business Entity)		

Division of Business Filings