0930091.06

Fee Receipt: \$40.00

mmoore WTH

Michael G. Adams Kentucky Secretary of State Received and Filed: 3/21/2023 2:46 PM



COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Withdrawal (Foreign Business Entity)		WFE
Pursuant to the provisions of KR business entity named below an	S 14A - 030 the undersigned applies for d, for that purpose, submits the following	a certificate of withdraw statements:	ral on behalf of the
1. The name of the business en	Universal Med Annarel, LLC		Secretary of State.)
2. The state or country of forma	ition is IN		·
	forward to the business entity at the follow and commits to notify the Secretary of State	ving street address any e of any future changes	
1730 Gateway Ct.	Elkhart	IN	1031
Street Address (No Post Office B	ox Numbers) City	State	Zip Code
authority from the commissione 5. The business entity revokes appoints the Secretary of State during the time it was authorize of State in the future of any characteristics.		ccept service of proces	s on its behalf and
6. This application will be effect		ř.	
I declare under penalty of perju	ury under the laws of Kentucky that the fo	rgoing is true and corre	BCI.
1	Dennis Carrico		31/2/23
Signature of Authorized Repres	entative Printed Name		Date