

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Certificate of Withdrawal

1076491.06

mmoore

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

9/6/2024 2:37 PM Fee Receipt: \$40.00

WFE

Date

| P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov | | Business Entity) | | |
|---|---|--|-------------------------|---|
| Pursuant to the provisions of KR business entity named below an 1. The name of the business er | id, for that purpose, Stitu is RB Park | submits the following s way, LLC | tatements: | |
| | (The name mu | ist be identical to the nai | me on record with the | Secretary of State.) |
| 2. The state or country of forma | ation is Delawa | re | | , |
| The Secretary of State may for the Secretary of State and the Secretary of Secre | forward to the busin ad commits to notify | ess entity at the following the Secretary of State | of any future changes | to this address. |
| 500 N. Akard St., Su | uite 400 | Dallas | TX | 75201 |
| 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 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. | ant to KRS 14A.9-0'r of the Department the authority of its as its agent for ser d to transact busine | registered agent to acc vice of process in any pess in the Commonweal | ept service of process | s on its behalf and cause of action arising |
| | | | | |
| 6. This application will be effect | tive upon filing. | | | |
| I declare under penalty of perju | ry under the laws o | f Kentucky that the forg | oing is true and correc | ot. |
| 190090 | | Mark J. El | | 8/28/2024 |

Printed Name

Signature of Authorized Representative

Division of Business Filings