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Michael G. Adams Kentucky Secretary of State

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COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		of Withdrawal Business Entity)		WFE
Pursuant to the provisions of KR business entity named below and	S 14A - 030 the un	dersigned applies for a submits the following s	certificate of withdra	wal on behalf of the
1. The name of the business ent	tity is KRISPY KRI	JNCHY FOODS MEMPI	HIS LLC	
		st be identical to the na	me on record with the	Secretary of State.)
2. The state or country of format	ion is Louisiana			
The Secretary of State may for on the Secretary of State and	orward to the busin	ess entity at the following the Secretary of State	ng street address any of any future changes	y process served s to this address:
1826 Sterkx Rd		Alexandria	LA	71301
Street Address (No Post Office Bo	x Numbers)	City	State	Zip Code
 The business entity is not transin the Commonwealth or pursuant authority from the commissioner. The business entity revokes that appoints the Secretary of State and during the time it was authorized of State in the future of any change. 	of the Department the authority of its r is its agent for serv to transact busines	0(7) the business entity of Insurance. registered agent to acceive of process in any process in the Commonwealth.	y is a foreign insurer of process occeeding based on a	s on its behalf and
6. This application will be effective	e upon filing.			
I declare under penalty of perjury	under the laws of	Kentucky that the forgo	ing is true and correc	t.
/s/Brian Judge		Brian Judge		7/22/24
Signature of Authorized Represent	ative	Printed Name		Date