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Michael G. Adams Kentucky Secretary of State Received and Filed: 4/1/2025 3:17 PM Fee Receipt: \$20.00

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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 of A (Domestic or Foreign Business Ent		CWA
submits the following statements	S 365, the undersigned applicant applies :		and, for that purpose,
1 The assumed name to be wit	hdrawn is Seasons Catering & Spec	al Occasions	
	(The hand had be latented by	ame on record with the Secretary of	State.)
2. The assumed name has bee	n discontinued by Stoddart, Inc. (Must be the exact name of th	ne entity or partners)	
3. This application will be effective upon filing.			
4. The date the original certifica	ite was filed: June 16, 2023		
5. <u>The "</u> real name" is (you must o			
a Domestic General Pa	rtnershipa Fo	a Foreign General Partnership	
a Domestic Limited Liability Partnership		_a Foreign Limited Liability Partnership	
a Domestic Limited Partnership		a Foreign Limited Partnership	
a Domestic Business Trust			
a Domestic Corporation		a Foreign Corporation	
a Domestic Limited Lia		oreign Limited Liability Compar	ıy
6. The mailing address is:			(0500
333 N. Ashland Ave.	Lexington	KY	40502
Street Address or Post Office Box N	umbers City	State	Zip

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

Muhael D. Stallart Signature of Authorized Party

Michaer D. Stoddart President 4/1/25 Printed Name Title Date