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Michael G. Adams Kentucky Secretary of State Received and Filed: 11/16/2023 1:21 PM Fee Receipt: \$40.00

## 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
business entity named below a	RS 14A - 030 the undersigned applies for a certificate of and, for that purpose, submits the following statements:	
1. The name of the business	entity is ABUELO'S INTERNATIONAL, LI	WITED PARTNERSHIP
2. The state or country of form	ation is Texas	
	forward to the business entity at the following street add nd commits to notify the Secretary of State of any future	• •

Street Address (No Post Office Box Numbers)	City	State	Zip Code
4413 82nd Street, Suite 250	Lubbock	ТХ	79424
		any fatale changes	

4. The business entity is not transacting business in the Commonwealth and surrenders its authority to transact business in the Commonwealth or pursuant to KRS 14A.9-010(7) the business entity is a foreign insurer with a certificate of authority from the commissioner of the Department of Insurance.

5. The business entity revokes the authority of its registered agent to accept service of process on its behalf and appoints the Secretary of State as its agent for service of process in any proceeding based on a cause of action arising during the time it was authorized to transact business in the Commonwealth. The business entity shall notify the Secretary of State in the future of any change in its mailing address.

6. This application will be effective upon filing.

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

AII	front	Pat Herring, Vice President on behalf of	11/15/2023
Signature of Autho	rized Representative	Printed Name	Date

ABI GP LLC, General Partner