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

3/27/2025 2:40 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 Withdrav (Foreign Business Entity)	<i>r</i> al	WFE
	S 14A - 030 the undersigned applies d, for that purpose, submits the follow tity is    SR Russellville, LLC   The name must be identical to the state of the stat	ing statements:	
2. The state or country of format			
3. The Secretary of State may for	orward to the business entity at the fo		
222 Second Ave S, Suite 1900	Nashville	TN	37201
Street Address (No Post Office Bo	ox Numbers) City	State	Zip Code
<ol> <li>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.</li> <li>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</li> </ol>			
of State in the future of any chan			
This application will be effection	ve upon filing.		
I declare under penalty of perjury	under the laws of Kentucky that the	forgoing is true and corre	ect.
Signature of Authorized Represer	D. Reagan Fa		March <u>20,</u> 2025

Division of Business Filings