



**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

**Withdrawal of Filing Before Effectiveness**  
**(Domestic or Foreign Entity)**

**WBE**

Pursuant to the provisions of KRS 14A, the undersigned applies for a certificate of withdrawal on behalf of the business entity named below and, for that purpose, submits the following statements:

1. The name of the business entity is \_\_\_\_\_.  
(The name must be identical to the name on record with the Secretary of State.)
2. The name of the document to be withdrawn \_\_\_\_\_.
3. The date the document was filed in Kentucky \_\_\_\_\_.
4. The document has been withdrawn in accordance with the agreement of the parties.
5. 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.

<b>Signature of Authorized Agent</b>	<b>Printed Name</b>	<b>Date</b>
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<b>Signature of Authorized Agent</b>	<b>Printed Name</b>	<b>Date</b>
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**FILING INSTRUCTIONS  
WITHDRAWAL OF FILING BEFORE EFFECTIVENESS**

**NAME**

Use the exact name of the business entity as registered on file with the Office of the Secretary of State.

**PRINCIPAL OFFICE ADDRESS**

The principal office is the office (in or out of this state) so designated in writing with the Office of the Secretary of State where the principal designated office of the business entity is located. This address is where all correspondence from the Office of the Secretary of State (See Document Delivery) will be mailed.

**DOCUMENT DELIVERY**

A file stamped postcard will be sent to the principal office address. If the applicant wishes for the document to be sent to an alternate address other than the principal office, a request must be submitted in writing affirming that request. Alternate address requests must be submitted with each document filed with the Office of the Secretary of State.

**WHO MAY SIGN**

The document must be signed by an officer, chairman of the board, member, manager or a partner.

**EFFECTIVE DATE AND TIME**

The document will be effective on the date and time of filing.

**NUMBER OF COPIES**

If filing via mail or in person, one exact or conformed copy of the documents with the filing fee must be submitted to the address below. To make a copy of the filing for delivery to the local county clerk's office, visit [www.sos.ky.gov](http://www.sos.ky.gov) and print a copy from the organization search tool.

**FILING FEE**

The filing fee for this document is equal to that of the filed document that is being withdrawn. Checks should be made payable to the "Kentucky State Treasurer."

**MAILING ADDRESS**

Michael Adams  
Office of the Secretary of State  
P.O. Box 718  
Frankfort, KY 40602-0718

**OFFICE LOCATION**

Room 154, Capitol Building  
700 Capital Avenue  
Frankfort, KY 40601  
Hours of Operation: 8:00 AM-4:30 PM ET

**CONTACT INFORMATION**

If you have any questions, please feel free to visit our website at [www.sos.ky.gov](http://www.sos.ky.gov) or call 502-564-3490.