

Organization ID # 1049800  
State of origin KY  
Filing fee \$130

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

1049800  
Michael G. Adams  
KY Secretary of State  
Received and Filed

1/23/2025 2:45:54 PM

Fee receipt: \$130.00

Michael G. Adams  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

**Reinstatement Application and  
Reinstatement Annual Report  
For the years 2024 through 2025**

**RST**

**Exact limited liability company name and principal office address**

**WARREN HOME HEALTHCARE, PLLC  
2414 LAKE PARK RD UNIT 2103  
LEXINGTON KY 40502**

The principal office address and registered agent name/office address cannot be changed on this form. When reinstating, you cannot modify the addresses until the reinstatement is filed. Once the reinstatement is filed, the statement of change will be filed.

**Registered Agent and Registered Office Address**

Billings Law Firm, PLLC  
145 Constitution St  
Lexington, KY 40507

**Members** - List the name and address of the limited liability company's members. If not specified, addresses default to the LLC's principal office address. Member-managed LLCs are not required to list their members.

**BENJAMIN WARREN** 2414 LAKE PARK RD UNIT 2103 LEXINGTON KY 40502

County:	Fayette
Business size:	Small
Business type:	Miscellaneous Services

The above entity was administratively dissolved on 10/12/2024 because the entity did not file its annual report for the year 2024. The undersigned states that the grounds for dissolution either did not exist or have been eliminated, and the entity's name satisfies the requirements of KRS 14A.3-010; and that the entity has taken no steps to wind up and liquidate its business and affairs.

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to Warren Home Healthcare, PLLC to the Secretary of State, as required for reinstatement pursuant to KRS 14A.7-030.

Signature of Authorized Representative: **Benjamin Warren** Title: **Member** 1/23/2025



**Warren Home Healthcare, PLLC**  
**2414 Lake Park Rd Unit 2103**  
**Lexington KY, 40502**

Notice Date: January 23, 2025  
KY SoS Org. ID: 1049800

**RE:** *Letter of Good Standing Request - Approved*

---

**SUMMARY** You requested a letter of good standing, and your entity is in **good standing** with the Department of Revenue.

**OUR DETERMINATION** We verified the following information.

1. You are registered with the Department of Revenue.
2. An authorized person requested this letter.
3. You filed income and LLE tax returns as required, or you are exempt from filing.
4. You have no outstanding tax assessments with the Division of Collections or have a valid pay agreement in place.

This notice will remain current for 30 days from the notice date above.

**WHAT YOU NEED TO DO**

1. **If you are attempting to reinstate your entity**, please provide a copy of this letter to the Kentucky Secretary of State within 30 days of the notice date above.
2. **If you are a for-profit corporation**, you will also need to provide the Secretary of State a letter of good standing from the Division of Unemployment Insurance. Their telephone number is 502-564-6835.
3. **If you are a non-profit entity**, please remember to file a copy of your tax returns with the Kentucky Attorney General. The charity filing requirements website is: <http://ag.ky.gov/family/consumerprotection/charity/Pages/registration.aspx>.

**AGENT INFORMATION** If you have any questions regarding this notice, please contact me. Thank you.

Agent: Megan REVY099, Taxpayer Services Specialist III  
Email: [MeganD.Roberts@ky.gov](mailto:MeganD.Roberts@ky.gov)  
Direct: 502-564-7310